



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: GHGFF667

OWNER INFORMATION

DRIVER LICENSE #: _____

Name TESTLESSOR

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 2DRCOUP Boat Type _____

Make TEST MAKE Make _____

Year 1997 Year _____

Model TEST MAKE Model _____

Mileage AEFDDFF

Color GREEN Material _____

GW/NP/WC _____ Length _____

Axles 4 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 21424322

Name FIRSTNAME MIDDLENAME LASTNAME

LIEN HOLDER (If Any):

Name SADFSDf

Address SDFSDF, THRTGH, ESFEW, IN, 32423

City ESFEW State IN

Zip 32423

I certify the Statements on this application are true and correct.

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N