New Jersey Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)			PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN)			
NAME/OWNER				NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,					
GGG									
STREET ADDRESS				STREET ADDRESS					
GGHGHHGHGHG SERXCDR									
CITY STATE ZIP COUNTY			CITY STATE ZIP				DATE LEASE SIGNED	TERM (Months)	
HGHFT ID 32422									
	ME-CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			TED REGISTRATION		E CANCELLATION	DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER R	REPLACEMENT F	PLATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO		
OWNER'S N J DRIVER LICENSE NUMBER/CORPCODE MALE EYÉ COLOR FULI			L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
21312GGG FEMALE		/				(A)			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
FEMALE		1				н н			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
FEMALE			1						
OWNER SIGN HERE								THE NUMBER WILL BE USED NOF MOTOR VEHICLE FEES,	
CO-OWNER SIGN HERE									
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDI COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL I						IATION PRIVILI	EGES APPLICATIONS FOR	R A REGISTRATION FOR A	
BA-49 (R6/15)									