



New Jersey  
Motor Vehicle Commission

# APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

AWDFASEFD

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

TTYRT5656Y6HH

NAME/OWNER <b>MUTUAL CREDIT</b>					NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information.												
STREET ADDRESS <b>134 FRANKLIN BLVD ADDD</b>					STREET ADDRESS												
CITY <b>SHELTON CITY GA</b>		STATE <b>GA</b>		ZIP <b>45666</b>		COUNTY		CITY STATE ZIP DATE LEASE SIGNED TERM (Months)									
NAME/CO-OWNER		COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:		LEASE CANCELLATION <input type="checkbox"/>		DATE LEASE CANCEL								
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>		RENEWAL		INITIAL <input checked="" type="checkbox"/>		DUPLICATE <input checked="" type="checkbox"/>		TRANSFER		REPLACEMENT PLATES <input checked="" type="checkbox"/>		CODE CHANGE		INCREASE IN REG. WEIGHT		WILL THE VEHICLE BE USED AS A RENTAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>SAF2343243</b>				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH / /				**SOCIAL SECURITY NUMBER - -					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>345345634</b>				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH / /				**SOCIAL SECURITY NUMBER - -					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH / /				**SOCIAL SECURITY NUMBER - -					
OWNER SIGN HERE								**SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES.									
CO-OWNER SIGN HERE																	
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397.																	