



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: WIN989083898EJUY78 _____

OWNER INFORMATION

DRIVER LICENSE #: DOE309099

Name LIENSTEST

Address 290 SUMMIT STREET BUILDING 2

City SUMMIT State NJ

Zip 07098

VEHICLES

BOATS

Veh. Type 4DOOR Boat Type _____

Make FORD Make _____

Year 2007 Year _____

Model ESCORT Model _____

Mileage 50987

Color RED Material _____

GW/NP/WC Length _____

Axles 2 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name _____

LIEN HOLDER (If Any):

Name ABC COMPANY

Address ASDAS, AWARD2, SDAS, KS, 3433

City SDAS State KS

Zip 3433

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N