



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: RETRRT _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name TESTLESS _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type EFEQWEF Boat Type _____

Make EWR Make _____

Year E4RERT Year _____

Model WER Model _____

Mileage E _____

Color _____ Material _____

GW/NP/WC _____ Length _____

Axles _____ Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name ER RF 3E _____

LIEN HOLDER (If Any):

Name LEINTEST _____

Address ADDRE1 , ADD2 _____

City CITYQ State DC _____

Zip 234324 _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N