Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						TE NUMBER PLATE	P	PREFIX VEHICLE IDENTIFICATION NUMBER (VIN) VIN6777				
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,						
JOHN FRED ANDREWS												
STREET ADDRESS						STREET ADDRESS						
345, EDF												
CITY STATE ZIP COUNTY						Y	DATE LEASE SIGNED TERM (Months)					
MOUNT STERLI KY 85205												
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY					REC	QUESTED REGISTRATIO	SE CANCELLATION	CANCELLATION DATE LEASE CANCEL				
	TED REGISTR	ATION CODE	:	OR	NUMBER OF PASSENG							
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL [DUPLICATE	TRANSFE	REPLACEM	MENT PLATES	CODE CHANGE	INCREASE IN F	REG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE				EYÉ COLOR	FULL DATE	DATE OF BIRTH			"SOCIAL SECURITY NUMBER			
CORP CODE 2323	FEMALE				/			- 14				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE EYE COLOR FULL			L DATE OF BIRTH			**SOCIAL SECURIT	**SOCIAL SECURITY NUMBER		
45455566545			FEMALE			1			н н			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE EYE COLOR FU			LL DATE OF BIRTH			**SOCIAL SECURITY NUMBER			
1	FEMALE	FEMALE			1			¥ #				
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 OF COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF TH								TRATION PRIVIL	LEGES APPLICATIONS F	OR A REG	SISTRATION FOR A	
BA-49 (R6/15)												