New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)			PLATE NUMBER 67876		9876543200		
NAME/OWNER ELKERA THE CITE			NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,				
EKTATEST STREET ADDRESS			MEDHATEST MNAMTEST LASTNAME				
			ADD1 ADD2				
			1				
			STATE	ZIP	DATE LEASE SIGNED	TERM (Months)	
TESTCITY DC 123456			CT	12345	E CANCELLATION D		
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			PATE LEASE CANCEL	
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RENEWAL INITAL DUPLICATE TRANSFIRECORDS	ER REPLACEMEN	IT PLATES COD	E CHANGE INCREASE I	N REG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YES NO		
		ULL DATE OF BIRTH	L DATE OF BIRTH			"SOCIAL SECURITY NUMBER	
123 FEMALE		/	1			(A)	
= c = 4004 b 00		ULL DATE OF BIRTH		"SOCIAL SECURITY NUMBER			
7654321098 FEMALE BLUE		1			345 -43 - 5		
14004=4=60			L DATE OF BIRTH			**SOCIAL SECURITY NUMBER	
123456789 FEMALE		/	/ /			232 -22 - 3	
			"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 A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY				SISTRATION PRIVIL	EGES APPLICATIONS FOR A RI	EGISTRATION FOR A	
BA-49 (R6/15)							