| Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) | | | PLATE NUMBER | PREFIX | VEHICLE IDENTIFICATION NUMBER (VIN) |
|---|-------------------|--|---|-----------------------------------|---|
| 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, | | |
| NAMELEIN | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| ADDRESSLIEN ADDRESS2 | | | | | |
| CITY STATE ZIP COUNTY | | | CITY | STATE ZIP | DATE LEASE SIGNED TERM (Months) |
| ITY LEIN KS 55662 | | | | | |
| AMECO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE: | | REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS: | | SE CANCELLATION DATE LEASE CANCEL | |
| CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS | DUPLICATE TRANSFE | R REPLACEMENT | PLATES CODE CHANGE | INCREASE IN REG. WEIGHT | WILL THE VEHICLE BE USED AS A RENTAL? YES NO |
| | | | LL DATE OF BIRTH | | "SOCIAL SECURITY NUMBER |
| BNGTTG6676 FEMALE | | | / | 1 | in the |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL | | LL DATE OF BIRTH | | "SOCIAL SECURITY NUMBER | |
| FEMALE | | / | / | н н | |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL | | | LL DATE OF BIRTH | | "SOCIAL SECURITY NUMBER |
| 1 | FEMALE | | / | 1 | |
| OWNER SIGN HERE | | | | | JIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES. |
| CO-OWNER SIGN HERE | | | | | |
| (WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SID COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL I | | | | | LEGES, APPLICATIONS FOR A REGISTRATION FOR A |
| BA-49 (R6/15) | | | | | |