



New Jersey
Motor Vehicle Commission

APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides - print clearly)

PLATE NUMBER

HIY909

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

3N1AB7AP9JL660855

NAME/OWNER FRED ANDREWS					NAME/LEASEE - If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information. JORDANA ROSE PICKHOLZ														
STREET ADDRESS ADDRESS1 ADDRESS2					STREET ADDRESS 217 CEDAR ST														
CITY CITY TEST		STATE KY		ZIP 3W45345		COUNTY		CITY ENGLEWOOD		STATE NJ		ZIP 07631		DATE LEASE SIGNED 08-27-201		TERM (Months) 36			
NAME/CO-OWNER				COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				LEASE CANCELLATION <input type="checkbox"/>				DATE LEASE CANCEL			
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>		RENEWAL		INITIAL <input checked="" type="checkbox"/>		DUPLICATE		TRANSFER		REPLACEMENT PLATES		CODE CHANGE		INCREASE IN REG. WEIGHT		WILL THE VEHICLE BE USED AS A RENTAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE CORP CODE5456						MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH / /						**SOCIAL SECURITY NUMBER - -			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE DOS4098						MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR GREEN		FULL DATE OF BIRTH 03 / 25 / 1978						**SOCIAL SECURITY NUMBER - -			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE P41044106460934						MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		EYE COLOR BLUE		FULL DATE OF BIRTH 10 / 02 / 1993						**SOCIAL SECURITY NUMBER 142 - 96 - 8104			
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 ON BOTH SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397.																			