



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: TGHGTYRH _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name OWNER NAME _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 2DRCOUP G Boat Type _____

Make MAKING IN Make _____

Year 12 YEARS Year _____

Model MODEL SPEC Model _____

Mileage VBHHY REF _____

Color WHITE COLC Material _____

GW/NP/WC Length _____

Axles 12 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 345346456456 _____

Name VERONICA LUNA LODGE _____

LIEN HOLDER (If Any):

Name AAAAAA _____

Address AAAA, AAAAA, HI, _____

City _____ State HI _____

Zip _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N