Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				iumber HGH	VEHICLE IDENTIFICATION NUMBER (VIN) GHFTYT6Y666					
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.						
NAME										
STREET ADDRESS				STREET ADDRESS						
ADDRESS ADDRESS										
CITY STATE ZIP COUNTY			CITY STATE ZIP			DATE LEASE SIGNED TERM (Months)				
CITY KY 56566										
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:				STED REGISTRATIO	CANCELLATION DATE LEASE CANCEL					
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	LICATE TRANSFER	REPLACEMENT F	PLATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
6756 FEMALE			1				E 181			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR F			LL DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
FEMALE			1				H. H			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR F			ULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
FEMALE -			/ /				4 4			
OWNER SIGN HERE							RED BY N.J.A.C. 13:21-1.3 LAWS IN THE COLLECTIO			
CO-OWNER SIGN HERE										
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE OF COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTO						RATION PRIVIL	EGES APPLICATIONS FO	R A REGISTR	ATION FOR A	
BA-49 (R6/15)										