



New Jersey
Motor Vehicle Commission

APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

MYPLATE2

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

WIN989083898EJUY7

NAME/OWNER LIENSTEST					NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information. SUMMIT MEDICAL GROUP														
STREET ADDRESS ADDLIENS1 ADDLIENS2					STREET ADDRESS 290 SUMMIT STREET BUILDING 2														
CITY ADDLIENS1CIT DE		STATE 77777		ZIP 77777		COUNTY		CITY SUMMIT		STATE NJ		ZIP 07098		DATE LEASE SIGNED		TERM (Months)			
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 <input checked="" type="checkbox"/>		CODE CHANGE		INCREASE IN REG. WEIGHT		WILL THE VEHICLE BE USED AS A RENTAL? YES ___ NO <input checked="" type="checkbox"/>			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE EWR				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				MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH / /				**SOCIAL SECURITY NUMBER - -					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE DOE309099				MALE <input type="checkbox"/>		FEMALE <input checked="" type="checkbox"/>		EYE COLOR GREEN		FULL DATE OF BIRTH 04 / 07 / 1972				**SOCIAL SECURITY NUMBER - -					
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.																			