



# NEW JERSEY MOTOR VEHICLE COMMISSION

## VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. \_\_\_\_\_

Reg. Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

SERIAL NUMBER: 324VIN STAGING \_\_\_\_\_

### OWNER INFORMATION

DRIVER LICENSE #: \_\_\_\_\_

Name LESSOR STAGING \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State CT \_\_\_\_\_

Zip \_\_\_\_\_

### VEHICLES

### BOATS

Veh. Type 4DOOR \_\_\_\_\_ Boat Type \_\_\_\_\_

Make MAKER \_\_\_\_\_ Make \_\_\_\_\_

Year 7 YT \_\_\_\_\_ Year \_\_\_\_\_

Model MODEL \_\_\_\_\_ Model \_\_\_\_\_

Mileage ODOMETER \_\_\_\_\_

Color BLUE \_\_\_\_\_ Material \_\_\_\_\_

GW/NP/WC \_\_\_\_\_ Length \_\_\_\_\_

Axles 4 \_\_\_\_\_ Propulsion \_\_\_\_\_

Fuel \_\_\_\_\_

### CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 43564 \_\_\_\_\_

Name CO-OWNER STG MIDDLE STAGE LAST ; \_\_\_\_\_

### LIEN HOLDER (If Any):

Name LEIN STAGING \_\_\_\_\_

Address ADDRESS1 , ADDRESS2 \_\_\_\_\_

City CITY \_\_\_\_\_ State HI \_\_\_\_\_

Zip INITIAL \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY USE ONLY

Title  
Surrendered ☐ Y ☐ N

Document  
Print? ☐ Y ☐ N