New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)								VEHICLE IDENTIFICATION NUMBER (VIN) FGFDT556		
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,						
TEST				COMPANY TEQ						
STREET ADDRESS				STREET ADDRESS						
DARREE HHGHH				WERER WRWR						
CITY STATE ZIP COUNTY				CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)		
JU IL YYY				WEEREWR NJ						
I I	MERCIAL REGISTRATION ONLY ESTED REGISTRATION CODE:		STED REGISTRATIO	E CANCELLATION DATE LEASE CANCEL						
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER	REPLACEMENT	PLATES	CODE CHANGE	INCREASE IN	REG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
			JLL DATE OF	BIRTH	"SOCIAL SECURITY NUMBER					
R5R5			1				E 181			
			ILL DATE OF	BIRTH	"SOCIAL SECURITY NUMBER					
565666 FEMALE			1				н. н			
			ILL DATE OF	/ 0.5	"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 SI COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL						STRATION PRIVIL	EGES APPLICATIONS FO	OR A REG	ISTRATION FOR A	
BA-49 (R6/15)										