Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS							JMBER	VEHICLE IDENTIFICATION NUMBER (VIN) 33333333333333					
							NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information. STREET ADDRESS						
NAME/CO-OWNER		ERCIAL REGISTRATION ONLY ESTED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			SE CANCELLATION	CANCELLATION DATE LEASE CANCEL			
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFE	REPLACEM	MENT PLA	TES	CODE CHANGE	INCREASE IN RE	G WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
VNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE FEMALE				EYÉ COLOR	FULL DATE OF BIRTH / / /					"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE		EYE COLOR	FULL DA	DATE OF BIRTH			"SOCIAL SECURITY NUMBER					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE	B	EYE COLOR	FULL DA	DATE OF BIRTH		/		"SOCIAL SECURITY NUMBER		R		
OWNER SIGN HERE										IRED BY N.J.A.C. 13:21-1. LAWS IN THE COLLECTI			
CO-OWNER SIGN HERE													
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS (COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE									RATION PRIVIL	EGES APPLICATIONS F	OR A REC	ISTRATION FOR A	
A-49 (R6/15)													