New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)								NUMBER	PREFIX		VEHICLE IDENTIFICATION NUMBER (VIN)				
NAME/OWNER STREET ADDRESS								NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner,must supply the leasee's information. CHECK COMPANY STREET ADDRESS ADD1 ADD2							
NAME/CO-OWNER		RCIAL REGISTRATION ONLY TED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				SE CANCELLATION DATE LEASE CANCEL					
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	RENEWAL	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT P	LATES	CODE CHANGE	INCREASE II			WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
OWNER'S N.J. DRIVER LICENSE NUMBE	MALE FEMALE		EYÉ COLOR	FULL	DATE OF	DATE OF BIRTH				"SOCIAL SECURITY NUMBER					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE FEMALE				L DATE OF BIRTH					"SOCIAL SECURITY NUMBER			
REASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE 8765432190			MALE FEMALE				JLL DATE OF BIRTH					"SOCIAL SECURITY NUMBER			
OWNER SIGN HERE														MBER WILL BE USED OTOR VEHICLE FEES,	
CO-OWNER SIGN HERE															
(WE) THE APPLICANT(S) CERTIFY THE S COMMERCIAL VEHICLE DECLARE KNOW										SISTRATION PRIV	ILEGE	ES APPLICATIONS F	OR A REG	SISTRATION FOR A	
BA-49 (R6/15)															