New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				IUMBER	PREF	ix	VEHICLE IDENTIFICATION NUMBER (VIN)			
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,						
ABCO FEDERAL CREDIT UNION										
STREET ADDRESS				STREET ADDRESS						
PO BOX 247										
CITY STATE ZIP COUNTY			CITY		DATE LEASE SIGNED TERM (Months)					
RANCOCAS NJ 08073										
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUE	STED REGISTRATIO	CANCELLATION DATE LEASE CANCEL					
			OR NUMBER OF PASSENGERS:							
CHECK HERE IF THIS ADDRESS RENEWAL INITAL IS CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER	REPLACEMENT	PLATES	CODE CHANGE	INCREASE IN REG		WILL THE VEHICLE BE USED AS A RENTAL YES NO		A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE FEMALE FEMALE			FULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
				/	E. A					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			LL DATE OF	BIRTH	"SOCIAL SECURITY NUMBER					
FEMALE			/				H H			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			ILL DATE OF	BIRTH	"SOCIAL SECURITY NUMBER					
FEMALE -				/	4 4					
OWNER SIGN HERE							ED BY N.J.A.C. 13:21-1.: AWS IN THE COLLECTION			
CO-OWNER SIGN HERE										
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SID COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL I						ATION PRIVILE	GES APPLICATIONS FO	OR A REG	SISTRATION FOR A	
BA-49 (R6/15)										