



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: 9999999999999 _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name SHARE CREDIT _____

Address _____

City _____ State _____

Zip _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 111111111111 _____

Name TESTCOSDFSDF SDFSDFSDF TWSTCOLA _____

LIEN HOLDER (If Any):

Name MUTUAL CREDIT _____

Address 134 FRANKLIN BLVD, ADDD, SHELTON (_____

City SHELTON CITY _____ State GA _____

Zip 45666 _____

VEHICLES

BOATS

Veh. Type 2DRCOUP Boat Type _____

Make 21FDFDD Make _____

Year 2122 Year _____

Model 3332S Model _____

Mileage 22 _____

Color WHITE Material _____

GW/NP/WC _____ Length _____

Axles 232 Propulsion _____

Fuel _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N