



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: SDD3434 _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name ABC LNP TEST _____

Address ADDRES _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 3DOOR Boat Type _____

Make MAKE Make _____

Year 6 YR Year _____

Model MODEL Model _____

Mileage GGG _____

Color GREEN Material _____

GW/NP/WC Length _____

Axles 12 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name TESTNAME TESTNAME TESTNAMEE _____

LIEN HOLDER (If Any):

Name NONE _____

Address _____

City _____ State _____

Zip _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N