Mew Jersey Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)								PLATE 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.  TESTCOMPANY  STREET ADDRESS						
No.				RCIAL REGISTRATION ONLY STED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				SE CANCELLATION DATE LEASE CANCEL		
IS CHANGED FROM PREVIOUS RECORDS	RENEWAL	INITAL	DUPLICATE	TRANSFER	REPLACEN	MENT PLA	LATES CODE CHANGE INCREASE IN REG. WEIGHT			REG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
OWNER'S N J DRIVER LICENSE NUM	MALE FEMALE		EYÉ COLOR	FULL DA	DATE OF BIRTH			"SOCIAL SECURITY NUMBER						
OWNER'S N.J. DRIVER LICENSE NUN	MALE FEMALE				L DATE OF BIRTH				**SOCIAL SECURITY NUMBER					
67676767676766	MALE FEMALE				FULL DATE OF BIRTH / / /			"SOCIAL SECURITY NUMBER						
OWNER SIGN HERE				-							IRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE														
(WE) THE APPLICANT(S) CERTIFY TH COMMERCIAL VEHICLE DECLARE KN										TRATION PRIVI	EGES APPLICATIONS F	FOR A REC	SISTRATION FOR A	
3A-49 (R6/15)														