| Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) | | | | PLATE NUMBER PREFIX | | | 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, | | | | | |
| NAME TEST | | | | | | | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| ADDRESS ADDRESS44 | | | | | | | | | |
| CITY STATE ZIP COUNTY | | | | | STATE | DATE LEASE SIGNED | TERM (Months) | | |
| SDF KS 23213 | | | | | | | | | |
| AME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE: | | | REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS: | | | | E CANCELLATION | DATE LEASE CANCEL | |
| CHECK HERE IF THIS ADDRESS RENEWAL INITAL IS CHANGED FROM PREVIOUS RECORDS | DUPLICATE TRANSFER | REPLACEMENT | PLATES | CODE CHANGE | | | WILL THE VEHICLE BE USED AS A RENTAL? YESNO | | |
| | | | L DATE OF BIRTH | | | "SOCIAL SECURITY NUMBER | | | |
| 7677676 | | | / | | | | (A) | | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL | | | L DATE OF BIRTH | | | | "SOCIAL SECURITY NUMBER | | |
| FEMALE | | | 1 | | | | H H | | |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL | | | L DATE OF BIRTH | | | | **SOCIAL SECURITY NUMBER | | |
| FEMALE | | | / | | | | 4 4 | | |
| OWNER SIGN HERE | | | | | | | | THE NUMBER WILL BE USED OF MOTOR VEHICLE FEES, | |
| CO-OWNER SIGN HERE | | | | | | | | | |
| (WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDI COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL I | | | | | | RATION PRIVIL | EGES APPLICATIONS FOR | A REGISTRATION FOR A | |
| BA-49 (R6/15) | | | | | | | | | |