



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: 345345345 _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name TESTLESSOR _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 3DOOR Boat Type _____

Make SDFSDF Make _____

Year 1999 Year _____

Model 5HGFT5 Model _____

Mileage 435435 _____

Color RED Material _____

GW/NP/WC _____ Length _____

Axles 6 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name TESTCOOWNER TESTMIDNAME TESTLAST _____

LIEN HOLDER (If Any):

Name TESTLESSOR _____

Address ADD1, ADD2 _____

City CITY1 State ID _____

Zip 1312312 _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N