Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)							PLATE NUMBER PLSTE			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.						
HGFTTFYY													
STREET ADDRESS							STREET ADDRESS						
5YRTD GHGHFG													
CITY STATE ZIP COUNTY						CITY STATE ZIP				DATE LEASE SIGN	TERM (Months)		
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				SE CANCELLATION	DATE LEASE CANCEL		
IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT PLATE	ES CODE	CHANGE	INCREASE IN RI	EG. WEIGHT	WILL THE VEHICLE BE	USED AS A RENTAL?		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE FHTFG	MALE FEMALE		EYÉ COLOR	FULL DATE OF BIRTH / /					"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 5455465	MALE FEMALE		EYE COLOR	FULL DAT	DATE OF BIRTH			"SOCIAL SECURITY NUMBER					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE	BI	EYE COLOR	FULL DA	DATE OF BIRTH		/		"SOCIAL SECURITY NUMBER				
OWNER SIGN HERE											3 THE NUMBER WILL BE USED ON OF MOTOR VEHICLE FEES,		
CO-OWNER SIGN HERE													
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF T									RATION PRIVIL	EGES APPLICATIONS F	OR A REGISTRATION FOR A		
BA-49 (R6/15)													