

**New Jersey**  
**Motor Vehicle Commission**

**APPLICATION FOR VEHICLE REGISTRATION**  
(Please complete both sides – print clearly)

NAME/OWNER <b>NAME</b>					PLATE NUMBER <b>56545</b>					PREFIX		VEHICLE IDENTIFICATION NUMBER (VIN) <b>5555555</b>									
STREET ADDRESS <b>ADDRESS ADDRESS</b>					NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information. <b>TEST TESM TESTL</b>																
CITY STATE ZIP COUNTY <b>CITY KY 56566</b>					STREET ADDRESS <b>ADD1 ADD2</b>																
CITY STATE ZIP COUNTY <b>CITY NJ 654321</b>					DATE LEASE SIGNED					TERM (Months)											
NAME/CO-OWNER					COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:					REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:					LEASE CANCELLATION <input type="checkbox"/>		DATE LEASE CANCEL <b>08-21-202</b>				
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>			RENEWAL <input checked="" type="checkbox"/>		INITIAL <input checked="" type="checkbox"/>		DUPLICATE <input checked="" type="checkbox"/>		TRANSFER <input checked="" type="checkbox"/>		REPLACEMENT PLATES <input checked="" type="checkbox"/>			CODE CHANGE		INCREASE IN REG. WEIGHT			WILL THE VEHICLE BE USED AS A RENTAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>6756</b>							MALE <input type="checkbox"/>		EYE COLOR		FULL DATE OF BIRTH					**SOCIAL SECURITY NUMBER					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>7654323456789</b>							MALE <input checked="" type="checkbox"/>		EYE COLOR <b>BLACK</b>		FULL DATE OF BIRTH <b>08 / 13 / 2020</b>					**SOCIAL SECURITY NUMBER <b>Y65 - 66 - 6</b>					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>66666666</b>							MALE <input checked="" type="checkbox"/>		EYE COLOR <b>BLUE</b>		FULL DATE OF BIRTH <b>08 / 20 / 2020</b>					**SOCIAL SECURITY NUMBER <b>675 - 67 -</b>					
OWNER SIGN HERE										**SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES.											
CO-OWNER SIGN HERE																					
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397.																					