New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				PLATE NUMBER		FIX	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,						
MUTUAL CREDIT										
STREET ADDRESS				STREET ADDRESS						
134 FRANKLIN BLVD ADDD										
CITY STATE ZIP COUNTY				CITY STATE ZIP			DATE LEASE SIGNED TERM (Months)		TERM (Months)	
SHELTON CITY GA 45666										
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY			REQUES	REQUESTED REGISTRATION WEIGHT LEASE			CANCELLATION DATE LEASE CANCEL			
REQUESTED REGISTRATION CODE:			OR NUM	MBER OF PASSENGE						
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSF	ER REPLACEMEN	IT PLATES	LATES CODE CHANGE INCREASE IN REG. WEIGHT			WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
			ULL DATE OF	BIRTH	"SOCIAL SECURITY NUMBER					
SAF2343243				/						
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR			ULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
1223234354546	4546 FEMALE			1				н н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			ULL DATE OF	L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
)	FEMALE			/			4 4			
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 COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL N						ATION PRIVILEO	GES APPLICATIONS FO	OR A REG	ISTRATION FOR A	
BA-49 (R6/15)										