



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: 23423 _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name ABC COMPANY _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type SDFS D Boat Type _____

Make SFSF Make _____

Year DSFSDF Year _____

Model WSFFD Model _____

Mileage SDFSDF _____

Color BLUE Material _____

GW/NP/WC Length _____

Axles Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name SDSFS DSD DSFF SFFDDF _____

LIEN HOLDER (If Any):

Name CXX _____

Address WFWESDSCVDCV, SDDFS, SFSD, IL, 2342 _____

City SFSD State IL _____

Zip 23423 _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N