New Jersey Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)				
						NAME/LEASEE — If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information, TESTCOMPANYLEASEE					
STREET ADDRESS	STREE	STREET ADDRESS									
CITY STATE	NTY		CITY		STATE	23456	DATE LEASE SIGN	<b>IE</b> D	TERM (Months)		
NAME/CO-OWNER		AL REGISTRATION ONLY D REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			CANCELLATION DATE LEASE CANCEL			
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACEMEN	IT PLATES	CODE CHANGE INCREASE IN REG. WEIGHT			WILL THE VEHICLE BE USED AS A RENTAL? YESNO		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOL	MALE FEMALE		YÉ COLOR F	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOL	MALE FEMALE				L DATE OF BIRTH			"SOCIAL SECURITY NUMBER			
9182736457	MALE FEMALE		YE COLOR F	ULL DATE O	DATE OF BIRTH			"SOCIAL SECURITY NUMBER			
OWNER SIGN HERE									RED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT		
CO-OWNER SIGN HERE											
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF								TRATION PRIVILE	EGES APPLICATIONS F	OR A REC	SISTRATION FOR A
8A-49 (R6/15)											