



New Jersey
Motor Vehicle Commission

APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

NAME/OWNER

BUGOIOHI

NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information.

STREET ADDRESS

HCHCHV CJHVKVGJ

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

FL

CITY

STATE

ZIP

DATE LEASE SIGNED

TERM (Months)

NAME/CO-OWNER

COMMERCIAL REGISTRATION ONLY

REQUESTED REGISTRATION CODE:

REQUESTED REGISTRATION WEIGHT

OR NUMBER OF PASSENGERS:

LEASE CANCELLATION

DATE LEASE CANCEL

CHECK HERE IF THIS ADDRESS
IS CHANGED FROM PREVIOUS
RECORDS ☐

RENEWAL

INITIAL

DUPLICATE

TRANSFER

REPLACEMENT PLATES

CODE CHANGE

INCREASE IN REG. WEIGHT

WILL THE VEHICLE BE USED AS A RENTAL?

YES ☐ NO ☒

OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE

MALE ☐

EYE COLOR

FULL DATE OF BIRTH

**SOCIAL SECURITY NUMBER

FEMALE ☐

/

/

OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE

MALE ☐

EYE COLOR

FULL DATE OF BIRTH

**SOCIAL SECURITY NUMBER

FEMALE ☐

/

/

LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE

MALE ☐

EYE COLOR

FULL DATE OF BIRTH

**SOCIAL SECURITY NUMBER

FEMALE ☐

/

/

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.