Mew Jersey Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)							PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN)				
NAME/OWNER  CDV TE CD CD TE CD							NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,							
SDVFSDSDFSD							AND THE ADDRESS OF TH							
STREET ADDRESS							STREET ADDRESS							
SDDF ERER														
CITY STATE ZIP COUNTY						CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)				
ERFER IN														
NAME/CO-OWNER	COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:					REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				E CANCELLATION DATE LEASE CANCEL				
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	NITAL [	DUPLICATE	TRANSFER	REPLACEM	ENT P	LATES	CODE CHANGE	INCREASE II	N REG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO				
OWNER'S N.J. DRIVER LICENSE NUMBERCORPCODE  MALE  FEMALE  FEMALE					FUL	LL DATE OF BIRTH				**SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE	. H I I			DATE OF BIRTH				**SOCIAL SECURITY NUMBER					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE  MALE  FEMALE  EYE COLOR  FU						DATE OF	BIRTH /	/	"SOCIAL SECURITY NUMBER					
OWNER SIGN HERE										IRED BY N.J.A.C. 13:21 LAWS IN THE COLLEC				
CO-OWNER SIGN HERE														
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE F									SISTRATION PRIVI	LEGES APPLICATIONS	FOR A RE	GISTRATION FOR A		
BA-49 (R6/15)														