



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: VIN65677567

OWNER INFORMATION

DRIVER LICENSE #: CORPLEASE5

Name ADDMEASLESSOR

Address _____

City CITY LEASEE State NJ

Zip 577677

VEHICLES

BOATS

Veh. Type 2DRCOUP Boat Type _____

Make MAKE122 Make _____

Year YEAR Year _____

Model MODEL878 Model _____

Mileage ODOMETER2

Color GREY Material _____

GW/NP/WC Length _____

Axles 6 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 345345345CO-WN

Name CO-OWNERF

LIEN HOLDER (If Any):

Name LEIN STAGING

Address ADDRESS1, ADDRESS2

City CITY State HI

Zip INITIAL

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N