



# NEW JERSEY MOTOR VEHICLE COMMISSION

## VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. \_\_\_\_\_

Reg. Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

SERIAL NUMBER: FGFD T556 \_\_\_\_\_

### OWNER INFORMATION

DRIVER LICENSE #: DFGDGDFG

Name TEST

Address WERER WRWR

City WEEREWR State NJ

Zip \_\_\_\_\_

### VEHICLES

### BOATS

Veh. Type SDF Boat Type \_\_\_\_\_

Make SDFDS Make \_\_\_\_\_

Year SDF Year \_\_\_\_\_

Model SDFDSSDFDD Model \_\_\_\_\_

Mileage ODO77

Color WHITE Material \_\_\_\_\_

GW/NP/WC Length \_\_\_\_\_

Axles 4 Propulsion \_\_\_\_\_

Fuel \_\_\_\_\_

### CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 565666

Name NAMEF NAMEM NAME L

### LIEN HOLDER (If Any):

Name NAME

Address ADDRESS, ADDRESS

City CITY State KY

Zip 56566

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY USE ONLY

Title  
Surrendered ☐ Y ☐ N

Document  
Print? ☐ Y ☐ N