Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)							NUMBER PREFIX VEHICLE IDENTIFICATION OF THE PREF							
NAME/OWNER							NAME/LEASEE - If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,							
ERSDVDSFSD ESFCSDF														
STREET ADDRESS							STREET ADDRESS							
SFESDF														
CITY STATE ZIP COUNTY						CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)				
DFGSE IL 24242														
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY						REQUESTED REGISTRATION WEIGHT			LEAS	SE CANCELLATION DATE LEASE CANCEL				
	ESTED REGISTRA	TED REGISTRATION CODE:				OR NUMBER OF PASSENGERS:								
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACEN	MENT PL	ATES	CODE CHANGE	INCREASE IN REG			WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR					FULL	LL DATE OF BIRTH				"SOCIAL SECURITY NUMBER				
SADFSDFSD	FEMALE				/				(A)					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOR	MALE		EYE COLOR FULL			DATE OF BIRTH			"SOCIAL SECURITY NUMBER					
1 1	FEMALE	FEMALE .			1				н. н					
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR					FULL	DATE OF	BIRTH		**SOCIAL SECURITY NUMBER					
1	FEMALE	EMALE			1				4 4					
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 COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF									ATION PRIVIL	EGES APPLICATIONS F	OR A REC	GISTRATION FOR A		
BA-49 (R6/15)														