



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: GGFGGH _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 3DOOR Boat Type _____

Make MAKER TEST Make _____

Year 34 YR Year _____

Model MODEL TEST Model _____

Mileage FGGG REAL

Color NAVY BLLE Material _____

GW/NP/WC _____ Length _____

Axles 12 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name _____

LIEN HOLDER (If Any):

Name LEIN NAME

Address ADDRESS 1 TEST, ADDRESS 2 TEST, C:

City CITYY 1 State LA

Zip 43654

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N