New Jersey Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS						PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN) 5677AC4699P		
						NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information. STREET ADDRESS					
NAME/CO-OWNER		CIAL REGISTRATION ONLY TED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			E CANCELLATION DATE LEASE CANCEL			
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	AL INITAL	DUPLICATE	TRANSFER	REPLACEMEN	T PLATES	LATES CODE CHANGE INCREASE IN REG.		WEIGHT .	WILL THE VEHICLE BE USED	AS A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE		YÉ COLOR F	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE	□ I I I I I I I I I I I I I I I I I I I			L DATE OF BIRTH			**SOCIAL SECURITY NUMBER			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE		YE COLOR F	ULL DATE O	DATE OF BIRTH / / /			"SOCIAL SECURITY NUMBER			
OWNER SIGN HERE									IRED BY N.J.A.C. 13:21-1.3 THI LAWS IN THE COLLECTION O		
CO-OWNER SIGN HERE											
(WE) THE APPLICANT(S) CERTIFY THE STATEME COMMERCIAL VEHICLE DECLARE KNOWLEDGE								ATION PRIVIL	LEGES APPLICATIONS FOR A	REGISTRATION FOR A	
A-49 (R6/15)											