Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)					
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,  ABEFCU						
STREET ADDRESS	STREE	STREET ADDRESS										
CITY STATE ZIP COUNTY							STATE	10023	DATE LEASE SIG	NED	TERM (Months)	
NAME/CO-OWNER COMMERCIAL REGISTRATIO REQUESTED REGISTRATION						REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			E CANCELLATION	CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACEME	NT PLATES	LATES CODE CHANGE INCREASE IN REG. WEIGHT			WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCO	MALE FEMALE		EYÉ COLOR	FULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCO	MALE FEMALE				L DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCC	DE	MALE FEMALE		YE COLOR	FULL DATE OF	BIRTH /	/		"SOCIAL SECURIT	Y NUMBE	R	
OWNER SIGN HERE									RED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE												
(WE) THE APPLICANT(S) CERTIFY THE STATEMENT COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF								STRATION PRIVIL	EGES APPLICATIONS F	FOR A REC	SISTRATION FOR A	
8A-49 (R6/15)												