Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)			PLATE NUMBER PREFIX VEHICLE IDENTIFICATION NUMBE			ICATION 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,				
NAME								
STREET ADDRESS				STREET ADDRESS				
ADDRESS ADDRESS2								
CITY STATE ZIP COUNTY			CITY STATE ZIP			DATE LEASE SIGNED	TERM (Months)	
ESFERGFER KY 345345								
AMME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			SE CANCELLATION	DATE LEASE CANCEL	
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER REF	PLACEMENT P	LATES CODE (CHANGE INCREASE	IN REG. WEIGHT	WILL THE VEHICLE BE USED	AS A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYÉ COLOR FULI			L DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
SFDSFD : FEMALE			/	/		E 14		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FULI			L DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
FEMALE			1			н. н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
FEMALE			/ /					
OWNER SIGN HERE						IRED BY N.J.A.C. 13:21-1.3 THE LAWS IN THE COLLECTION OF		
CO-OWNER SIGN HERE								
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SID COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL					EGISTRATION PRIVIL	EGES APPLICATIONS FOR A	REGISTRATION FOR A	
BA-49 (R6/15)								