



New Jersey
Motor Vehicle Commission

APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

PREFIX

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. TOKYA | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | STREET ADDRESS | | | | | | | | | | | | | | |
| CITY | | STATE | | ZIP | | COUNTY | | CITY | | STATE | | ZIP | | DATE LEASE SIGNED | | TERM (Months) | | | |
| NAME/CO-OWNER | | | | COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE: | | | | REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS: | | | | LEASE CANCELLATION <input type="checkbox"/> | | | | DATE LEASE CANCEL | | | |
| CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/> | | RENEWAL | | INITIAL | | DUPLICATE | | TRANSFER | | REPLACEMENT PLATES | | CODE CHANGE | | INCREASE IN REG. WEIGHT | | WILL THE VEHICLE BE USED AS A RENTAL? YES ___ NO <input checked="" type="checkbox"/> | | | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE | | | | | | MALE <input type="checkbox"/> | | EYE COLOR | | FULL DATE OF BIRTH | | | | | | **SOCIAL SECURITY NUMBER | | | |
| | | | | | | FEMALE <input type="checkbox"/> | | | | / / | | | | | | - - | | | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE | | | | | | MALE <input type="checkbox"/> | | EYE COLOR | | FULL DATE OF BIRTH | | | | | | **SOCIAL SECURITY NUMBER | | | |
| | | | | | | FEMALE <input type="checkbox"/> | | | | / / | | | | | | - - | | | |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE 1234567890 | | | | | | MALE <input type="checkbox"/> | | EYE COLOR | | FULL DATE OF BIRTH | | | | | | **SOCIAL SECURITY NUMBER | | | |
| | | | | | | FEMALE <input type="checkbox"/> | | | | / / | | | | | | - - | | | |
| 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 ON BOTH SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397. | | | | | | | | | | | | | | | | | | | |