New Jersey Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS								UMBER	VEHICLE IDENTIFICATION NUMBER (VIN)						
								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							
CITY	CO	COUNTY				CITY STATE ZIP			DATE LEASE SIGNED TERM (Mont		TERM (Months)				
				ERCIAL REGISTRATION ONLY ESTED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				E CANCELLATION DATE LEASE CANCEL			
CHECK HERE IF THIS ADDRES IS CHANGED FROM PREVIOUS RECORDS		INITAL	DUPLICATE	TRANSFER	REPLACEN	MENT PLA	TES	CODE CHANGE	INCREASE IN	REG WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO				
OWNER'S N J DRIVER LICENS	MALE FEMALE		YÉ COLOR	FULL DA	DATE OF BIRTH			**SOCIAL SECURITY NUMBER							
OWNER'S N.J. DRIVER LICENS	MALE FEMALE				L DATE OF BIRTH				"SOCIAL SECURITY NUMBER						
LEASEE'S N.J. DRIVER LICENS	MALE FEMALE				FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER						
OWNER SIGN HERE											IRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT				
CO-OWNER SIGN HERE															
(WE) THE APPLICANT(S) CERT COMMERCIAL VEHICLE DECL										STRATION PRIVI	LEGES APPLICATIONS F	OR A REC	SISTRATION FOR A		
3A-49 (R6/15)															