



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: GHFTYT6Y666

OWNER INFORMATION

DRIVER LICENSE #: _____

Name NAME

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type AWDS Boat Type _____

Make MAKE Make _____

Year 3 Year _____

Model MODEL Model _____

Mileage WEDWAD

Color GREY Material _____

GW/NP/WC _____ Length _____

Axles 2 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name _____

LIEN HOLDER (If Any):

Name LEIN.TEST

Address ADD1, ADD2

City CITY State KS

Zip 675778

I certify the Statements on this application are true and correct.

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N