Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS						PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN) 987654321			
						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						
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						REQUESTED REGISTRATION WEIGHT LEASE OR NUMBER OF PASSENGERS:			SE CANCELLATION	CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT PLATES	CODE CHANGE	INCREASE IN REC	G. WEIGHT	WILL THE VEHICLE BE	USED AS	A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	DRIVER LICENSE NUMBER/CORPCODE			EYÉ COLOR	FULL DATE	OF BIRTH	/		"SOCIAL SECURITY NUMBER			
OWNER'S NJ DRIVER LICENSE NUMBER/CORPCODE 555555555555555555555555555555555555	MALE FEMALE		EYE COLOR	FULL DATE	/19 / 2020			"SOCIAL SECURITY NUMBER				
9876543210	MALE FEMALE		EYE COLOR	FULL DATE	L DATE OF BIRTH			"SOCIAL SECURIT	"SOCIAL SECURITY NUMBER			
OWNER SIGN HERE									IRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECTI			
CO-OWNER SIGN HERE												
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF TI								RATION PRIVIL	EGES APPLICATIONS F	OR A REC	SISTRATION FOR A	
A-49 (R6/15)												