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. NAMECOMP						
							STREET ADDRESS						
CITY STATE ZIP COUNTY						CITY STATE ZIP				DATE LEASE SIG	NED	TERM (Months)	
NAME/CO-OWNER		CIAL REGISTRATION ONLY TED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			E CANCELLATION DATE LEASE CANCEL				
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACEN	MENT PL	ATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE		EYÉ COLOR	FULL 0	DATE OF	BIRTH /	/		"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE				L DATE OF BIRTH				**SOCIAL SECURITY NUMBER				
6767654334	MALE FEMALE				FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER				
OWNER SIGN HERE										JIRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE													
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS O COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THI									TRATION PRIVI	LEGES APPLICATIONS F	OR A REC	SISTRATION FOR A	
BA-49 (R6/15)													