



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: 4534534534554

OWNER INFORMATION

DRIVER LICENSE #: _____

Name GGG _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 2DRCOUP Boat Type _____

Make MAKE Make _____

Year 23 YR Year _____

Model MODELL Model _____

Mileage GGHGJHGG _____

Color WHITE Material _____

GW/NP/WC _____ Length _____

Axles 4 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 35435435

Name CO-OWNER MIDDLEQ` ` LATS _____

LIEN HOLDER (If Any):

Name GHGHHG _____

Address AADFRERES , GHGHHG _____

City CITY State KY

Zip 65756

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N