New Jersey Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						NUMBER	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, HKKHKJH						
STREET ADDRESS	STREE	STREET ADDRESS										
CITY STATE	COL	COUNTY			CITY STATE ZIP		ZIP	DATE LEASE SIGNED		TERM (Months)		
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						REQUESTED REGISTRATION WEIGHT LEASE OR NUMBER OF PASSENGERS:				E CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	AL INITAL	DUPLICATE	TRANSFER	REPLACEMEN	NT PLATES CODE CHANGE INCRE		INCREASE IN REG	G. WEIGHT WILL THE VEHICLE BE USED AS A REN		A RENTAL?		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE		YÉ COLOR	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE				L DATE OF BIRTH			"SOCIAL SECURITY NUMBER				
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPO	MALE FEMALE		YE COLOR F	ULL DATE OF	ATE OF BIRTH			"SOCIAL SECURITY NUMBER				
OWNER SIGN HERE									RED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE												
(WE) THE APPLICANT(S) CERTIFY THE STATEME COMMERCIAL VEHICLE DECLARE KNOWLEDGE								ATION PRIVIL	EGES APPLICATIONS F	OR A REG	ISTRATION FOR A	
A-49 (R6/15)												