| New Jersey Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS | | | | | | | 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, | | | | | | |
| | | | | | | | STREET ADDRESS | | | | | | |
| CITY STATE ZIP COUNTY | | | | | | CITY | CITY STATE ZIP | | | | DATE LEASE SIGNED TERM (Months) | | |
| NAME/CO-OWNER | | RCIAL 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 | RENEWAL | INITAL | DUPLICATE | TRANSFER | REPLACEM | ENT PLATES | LATES CODE CHANGE INCREASE IN REG. WEIGH | | G WEIGHT | WILL THE VEHICLE BE USED AS A RENTAL? YES NO | | | |
| OWNER'S N J DRIVER LICENSE NU | MALE FEMALE | | YÉ COLOR | FULL DATE O | E OF BIRTH | | | **SOCIAL SECURITY NUMBER | | | | | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE | | | MALE FEMALE | | | | LL DATE OF BIRTH | | | **SOCIAL SECURITY NUMBER | | | |
| LEASEE'S N.J. DRIVER LICENSE NU | MALE FEMALE | | | | FULL DATE 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 COMMERCIAL VEHICLE DECLARE | | | | | | | | | RATION PRIVIL | EGES APPLICATIONS F | OR A REG | ISTRATION FOR A | |
| 3A-49 (R6/15) | | | | | | | | | | | | | |