Motor Vehicle Commission (Please complete both sides – print clearly)								PREFIX PREFIX				VEHICLE IDENTIFICATION NUMBER (VIN) 214124324		
NAME/OWNER							NAME/LEASEE - If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,							
GHGHHG														
STREET ADDRESS							STREET ADDRESS							
AADFRERES GHO	SHHG													
CITY	CO	COUNTY			CITY STATE ZIP			DATE LEASE SIGNED TERM (Months)						
CGG	KY	65756)											
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:							REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				SE CANCELLATION	CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	RENEWAL	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT PL	ATES	CODE CHANGE	INCREASE IN R	EG. WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
OWNER'S N J DRIVER LICENSE NU	MBER/CORPCOD	E	MALE		EYÉ COLOR	FULL 0	DATE OF	BIRTH			"SOCIAL SECURIT	YNUMBE	R	
2Q42314			FEMALE					/	/		-	n n		
OWNER'S N.J. DRIVER LICENSE NU	MALE	MALE EYE COLOR FULL			L DATE OF BIRTH				**SOCIAL SECURIT	**SOCIAL SECURITY NUMBER				
1	1		FEMALE					/	/			-		
LEASEE'S N.J. DRIVER LICENSE NU	MALE EYE COLOR FULI			FULL	L DATE OF BIRTH				"SOCIAL SECURITY NUMBER					
1	1		FEMALE			_		/	/		- 4	-		
OWNER SIGN HERE											IRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE														
(WE) THE APPLICANT(S) CERTIFY TO COMMERCIAL VEHICLE DECLARE A										TRATION PRIVIL	LEGES APPLICATIONS F	OR A REC	SISTRATION FOR A	
BA-49 (R6/15)														