NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No._____

Reg. Code_____

SERIAL NUMBER: _____

Exp.Date _____

OWNER INFORMATION

VEHICLES	BOATS
Veh. Type_____	Boat Type_____
Make _____	Make _____
Year _____	Year _____
Model _____	Model _____
Mileage_____	
Color _____	Material _____
GW/NP/WC_____	Length _____
Axles _____	Propulsion_____
	Fuel _____

DRIVER LICENSE #:_____

Name _____

Address _____

City _____ State _____

Zip_____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #:_____

Name _____

LIEN HOLDER (If Any):

Name _____

Address_____

City _____ State _____

Zip_____

- -

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

Signature _____ Date _____

AGENCY USE ONLY		
Title Surrendered	☐Y	☐N
Document Print?	☐Y	☐N

MVS-2 (R6/03)