Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						PLATE NUMBER PREFIX PLATE			VEHICLE IDENTIFICATION NUMBER (VIN) SDD3434		
						NAME/LEASEE - If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,					
ABC LNP TEST											
STREET ADDRESS						STREET ADDRESS					
ADDRES											
CITY STATE ZIP COUNTY						CITY STATE ZIP DATE LEASE SIGNED				TERM (Months)	
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						STED REGISTRATION		SE CANCELLATION [DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS			TRANSFER REPLACEMENT			CODE CHANGE	INCREASE IN R	CREASE IN REG. WEIGHT WILL THE VEHICLE BE USED AS A RENTAL? YES NO		AS A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOD	MALE FEMALE		EYÉ COLOR	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOD	MALE FEMALE				L DATE OF BIRTH			"SOCIAL SECURITY NUMBER			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCOD	MALE FEMALE		EYE COLOR	FULL DATE O	DATE OF BIRTH / /			"SOCIAL SECURITY NUMBER			
OWNER SIGN HERE									JIRED BY N.J.A.C. 13:21-1.3 THE I E LAWS IN THE COLLECTION OF		
CO-OWNER SIGN HERE											
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF T								TRATION PRIVI	ILEGES APPLICATIONS FOR A R	EGISTRATION FOR A	
BA-49 (R6/15)											