



# NEW JERSEY MOTOR VEHICLE COMMISSION

## VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. \_\_\_\_\_

Reg. Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

SERIAL NUMBER: GGGGYGY

### OWNER INFORMATION

DRIVER LICENSE #: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

### VEHICLES

### BOATS

Veh. Type 3DOOR Boat Type \_\_\_\_\_

Make MAKE TEST Make \_\_\_\_\_

Year 54 YEARS Year \_\_\_\_\_

Model MODEL TEST Model \_\_\_\_\_

Mileage VBHGH

Color GREY Material \_\_\_\_\_

GW/NP/WC \_\_\_\_\_ Length \_\_\_\_\_

Axles 12 Propulsion \_\_\_\_\_

Fuel \_\_\_\_\_

### CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: \_\_\_\_\_

Name FIRST MIDDLE LAST

### LIEN HOLDER (If Any):

Name LEIN NEW

Address ADDRESS 1, ADDRESS 2, CITY, KY, 456

City CITY State KY

Zip 45654

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY USE ONLY

Title  
Surrendered ☐ Y ☐ N

Document  
Print? ☐ Y ☐ N