Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)			PREFIX PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN) 345345345		
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,					
TESTLESSOR								
STREET ADDRESS			STREET ADDRESS					
ADD1 ADD2								
CITY STATE ZIP COUNTY			CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)	
CITY1 ID 1312312	07-09-202 36							
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY			REQUESTED REGISTRATION WEIGHT LEASE (				DATE LEASE CANCEL	
REQUESTED REGISTRATION CODE:			OR NUMBER OF PASSENGERS:				06-24-202	
CHECK HERE IF THIS ADDRESS RENEWAL INITAL DUPLICATE TRANSFER RE IS CHANGED FROM PREVIOUS RECORDS	EPLACEMENT F	T PLATES CODE CHANGE		INCREASE IN RE	G WEIGHT	WILL THE VEHICLE BE	USED AS A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE CO	LOR FUL	L DATE OF	DATE OF BIRTH			"SOCIAL SECURIT	"SOCIAL SECURITY NUMBER	
213213   FEMALE			1					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH				"SOCIAL SECURITY NUMBER	
FEMALE			/	/		н. н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			L DATE OF BIRTH				**SOCIAL SECURITY NUMBER	
FEMALE		/ /				9	-	
OWNER SIGN HERE							3 THE NUMBER WILL BE USED ION OF MOTOR VEHICLE FEES,	
CO-OWNER SIGN HERE								
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE OF THIS APPLICATION ARE CORRECT COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATION  OF THE APPLICANT OF THE APPLICANT OF THE STATEMENT O					RATION PRIVIL	EGES APPLICATIONS F	OR A REGISTRATION FOR A	
BA-49 (R6/15)								