Motor Vehicle Commission (Please complete both sides – print clearly)				PLATE NUMBER VEHICLE IDENTIFICATION FGGHHH55676						
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,						
NAME										
STREET ADDRESS				STREET ADDRESS						
ADDRESS NEW HJHJHHH										
CITY STATE ZIP COUNTY				CITY STATE ZIP			DATE LEASE SIGNED TERM (Months)			
CHJHGG IL 5455	8									
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			CANCELLATION DATE LEASE CANCEL		TE LEASE CANCEL	
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFE	R REPLACEMEN	IT PLATES	CODE CHANGE INCREASE IN REG. WEIGHT WILL THE VEHICLE BE USED NO				USED AS	A RENTAL?	
			ULL DATE OF	BIRTH	**SOCIAL SECURITY NUMBER					
EWAEFBGGHH FEMALE			1				E P			
1		EYE COLOR F	FULL DATE OF BIRTH				**SOCIAL SECURITY NUMBER			
54555 i i	FEMALE			/			- H. H.			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FU			ULL DATE OF	LL DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
	FEMALE			1 1			4 2			
OWNER SIGN HERE							RED BY N.J.A.C. 13:21-1. LAWS IN THE COLLECT			
CO-OWNER SIGN HERE										
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SID COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL						ATION PRIVIL	EGES APPLICATIONS F	OR A REG	ISTRATION FOR A	
BA-49 (R6/15)										