Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)					IUMBER 32	PRE	FIX	VEHICLE IDENTIFICATION NUMBER (VIN) 234243242424324			
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,						
MUTUAL CREDIT											
STREET ADDRESS					STREET ADDRESS						
134 FRANKLIN BLVD ADDD											
CITY STATE ZIP COUNTY					CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)		
SHELTON CITY GA 45666											
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:					REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:				CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	DUPLICATE	TRANSFER	REPLACEMEN	T PLATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
				ULL DATE OF	L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
SAF2343243	FEMALE				/	E. 161					
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR			YE COLOR F	ULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER			
ERW432324324243244	FEMALE	FEMALE			1				н. н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL				ULL DATE OF	L DATE OF BIRTH				**SOCIAL SECURITY NUMBER		
FEMALE -					1				4 4		
OWNER SIGN HERE					"SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES.						
CO-OWNER SIGN HERE											
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOT COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDI							ATION PRIVILE	EGES APPLICATIONS F	OR A REG	ISTRATION FOR A	
BA-49 (R6/15)											