Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)			PLATE	PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN)		
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,					
NAMELEIN									
STREET ADDRESS				STREET ADDRESS					
ADDRESSLIEN ADDRESS2									
CITY STATE ZIP COUNTY					STATE	DATE LEASE SIGNED	TERM (Months)		
CITY LEIN KS 55662									
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:				STED REGISTRATIO		E CANCELLATION	DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER	REPLACEMENT	PLATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO		
OWNER'S N J DRIVER LICENSE NUMBER/CORPCODE MALE EYÉ COLOR FUL			JLL DATE OF	DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
BNGTTG6676 FEMALE			1				in the		
			ILL DATE OF	BIRTH		"SOCIAL SECURITY NUMBER			
22222222222 FEMALE		/				н н			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			ILL DATE OF	BIRTH		**SOCIAL SECURITY NUMBER			
FEMALE				/ /			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 BOTH SIDE COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL N						ATION PRIVILE	EGES, APPLICATIONS FOR A	REGISTRATION FOR A	
BA-49 (R6/15)									