



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: 56789054321 _____

OWNER INFORMATION

DRIVER LICENSE #: 675767575657 _____

Name _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 3DOOR _____ Boat Type _____

Make RTY567 _____ Make _____

Year 2134 _____ Year _____

Model VBGF456 _____ Model _____

Mileage 65432 _____

Color RED _____ Material _____

GW/NP/WC _____ Length _____

Axles 4 _____ Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 87695432100 _____

Name TESTCOOWNER LASTCOOWNER _____

LIEN HOLDER (If Any):

Name VCFS LIEN COMPANY LLC _____

Address POBOX 91300, _____

City _____ State AL _____

Zip 36691 _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N