New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				PLATE NUMBER PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN) 0101000100100		
ABCO FEDERAL CREDIT UNION				NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information.					
PO BOX 247				STREET ADDRESS					
CITY STATE ZIP COUNTY RANCOCAS NJ 08073				CITY STATE ZIP DATE LEASE SIGNED TERM (Months)					
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:				STED REGISTRATIO MBER OF PASSENGE		E CANCELLATION	DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS RENEWAL INITAL IS CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANSFER	REPLACEMENT	T PLATES	LATES CODE CHANGE INCREASE IN REG. WEIGHT		G WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YES NO		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 005307338080730 MALE FEMALE FEMALE			JLL DATE OF	BIRTH /	/	"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FU FEMALE			JLL DATE OF	BIRTH /	/	**SOCIAL SECURITY NUMBER			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			JLL DATE OF	BIRTH /	/	"SOCIAL SECURITY NUMBER			
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 SID COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL						IATION PRIVIL	EGES APPLICATIONS FOR A	REGISTRATION FOR A	
BA-49 (R6/15)									