Motor Vehicle Commission (Please		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,  NOWCOMPANY						
STREET ADDRESS		STREET ADDRESS										
CITY STATE	CO	COUNTY			CITY STATE ZIP		ZIP	DATE LEASE SIGNED		TERM (Months)		
NAME/CO-OWNER  COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						REQUESTED REGISTRATION WEIGHT LEASE OR NUMBER OF PASSENGERS:			E CANCELLATION	CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT PLATES	CODE CHANGE	INCREASE IN REC	g weight	WILL THE VEHICLE BE	USED AS	A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOD	NER'S N.J. DRIVER LICENSE NUMBER/CORPCODE			EYÉ COLOR	FULL DATE OF BIRTH / / /				"SOCIAL SECURITY NUMBER			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCOD	MALE FEMALE		EYE COLOR	FULL DATE	DATE OF BIRTH			"SOCIAL SECURITY NUMBER				
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCOR 1234567890	MALE FEMALE	BI	EYE COLOR	FULL DATE	TE OF BIRTH		"SOCIAL SECURITY NUMBER					
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 COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF								RATION PRIVIL	EGES APPLICATIONS F	OR A REC	ISTRATION FOR A	
A-49 (R6/15)												