New Jersey Motor Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				PLATE NUMBER PREFIX 77			VEHICLE IDENT	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,					
NAME				DEDDE					
STREET ADDRESS				STREET ADDRESS					
ADDRESS NEW HJHJHHH									
CITY STATE ZIP COUNTY			CITY	CITY STATE ZIP			DATE LEASE SIGNED	TERM (Months)	
CHJHGG IL 54558									
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 TRANSF	ER REPLACEME	NT PLATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YES NO		
			FULL DATE OF	L DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
EWAEFBGGHH	FEMALE			/			(A)		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE	EYE COLOR	FULL DATE OF	DATE OF BIRTH			**SOCIAL SECURITY NUMBER		
FEMALE			/ /				н. н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR			FULL DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
FEMALE -				1 1					
OWNER SIGN HERE								HE NUMBER WILL BE USED 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 I						ATION PRIVILE	EGES APPLICATIONS FOR	A REGISTRATION FOR A	
BA-49 (R6/15)									