



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: _____

OWNER INFORMATION

DRIVER LICENSE #: _____

Name ABCO FEDERAL CREDIT UNION

Address _____

City _____ State _____

Zip _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name _____

LIEN HOLDER (If Any):

Name 1ST BERGEN FCU

Address 939 S MAIN ST, HACKENSACK, NJ, 06601

City HACKENSACK State NJ

Zip 06601

VEHICLES

BOATS

Veh. Type _____ Boat Type _____

Make _____ Make _____

Year _____ Year _____

Model _____ Model _____

Mileage _____

Color _____ Material _____

GW/NP/WC _____ Length _____

Axles _____ Propulsion _____

Fuel _____

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N