



APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides - print clearly)

Front

NAME/OWNER		PLATE NUMBER		PREFIX		VEHICLE IDENTIFICATION NUMBER (VIN)	
STREET ADDRESS		STREET ADDRESS					
CITY	STATE	ZIP	CITY	STATE	ZIP	DATE LEASE SIGNED	TERM (Months)
NAME/CO-OWNER			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS			LEASE CANCELLATION	DATE LEASE CANCEL
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>			RENEWAL	INITIAL	DUPPLICATE	TRANSFER	REPLACEMENT PLATES
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	REPLACEMENT PLATES	INCREASE IN WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL?
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	REPLACEMENT PLATES	INCREASE IN WEIGHT	YES <input type="checkbox"/> NO <input type="checkbox"/>
LESSEES' N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	REPLACEMENT PLATES	INCREASE IN WEIGHT	**SOCIAL SECURITY NUMBER
OWNER SIGN HERE			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	REPLACEMENT PLATES	INCREASE IN WEIGHT	**SOCIAL SECURITY NUMBER
CO-OWNER SIGN HERE			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	REPLACEMENT PLATES	INCREASE IN WEIGHT	**SOCIAL SECURITY NUMBER

(WE) THE APPLICANT(S) CERTIFIES THE STATEMENTS ON BOTH SIDES OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF AND IN COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS ADOPTED IN N.J.A.C. 13B60, AS APPLICABLE.