



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P. O. Box 170  
Trenton, New Jersey 08666-0170  
(609) 292-6500 #5014  
Fax: (609) 292-4400  
blsprocessing@mvc.nj.gov

STATE OF NEW JERSEY

## License Plate and Duplicate Registration Order Form

Dear Applicant:

Please complete and return this order form to the NJ Motor Vehicle Commission, Business Licensing Services Bureau at the address noted above. Your plate order will take approximately eight (8) weeks for delivery. A notification requesting payment for the plates along with proof of insurance will be sent after preliminary approval of all requirements and a site inspection, where applicable. Duplicate registration orders will be processed and mailed within 7 business days. Payment for duplicate registrations must be submitted with this Order Form.

If a license plate that was previously reported lost/stolen is recovered, please notify the MVC for instructions.

*Note: Courtesy plates orders (which are personalized dealer plates with numerical digits 20 and below), require a letter of endorsement from your State Senator's office is required.*

Selection and Fees:

### Plate Sets

- Set of five reinstated plates is \$257.50. *(Reinstatement of registration and dealer plates previously recalled)*
- Set of five additional plates is \$257.50. *(Justification for request must be submitted with this application)*
- Set of five replacement plates is \$257.50. *(A police report is required if the plates were lost or stolen)*
- Set of five courtesy plates is \$308.50. *(See information listed above)*
- Set of three additional motorcycle plates is \$77.00. *(Justification for request must be submitted with this application)*

### Single Plate

- Single plate replacement is \$6.50. *(A police report is required if the plate was lost or stolen)*
- Each remanufactured plate is \$11.00. *(Original plate(s) must be exchanged prior to issuance)*
- Duplicate Registration Fee \$5.00 ea.

Business Name \_\_\_\_\_ Business ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Plate Type: \_\_\_\_\_ Quantity of Plate(s) being ordered: \_\_\_\_\_

Plate # for Replacement or Remanufactured Plate(s) \_\_\_\_\_

Registration Fee enclosed \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner, Corporate Officer Date \_\_\_\_\_

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