

NEW CAR DEALER INSPECTION STICKER ORDER FORM

LICENSE #: _____ DATE: _____

MAIL TO:

NEW JERSEY MOTOR
VEHICLE COMMISSION
PO BOX 680
TRENTON, NJ 08666-680

BUSINESS NAME: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____

LOTS OF 25

QUANTITY

CAR# 99 @DEALER STICKERS _____

YEAR INSERTS _____

MONTH INSERTS _____

FOR MVC USE ONLY

ISSUING STATION: ~~AT APO~~ EMPLOYEE INITIALS: _____

REGION: _____