

Lease Cancellation / Change Form

Operator / Lessee Name: _____

Owner / Lessor Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Date of original lease: _____

I certify that the aforementioned lease applicable to the vehicles listed below has been cancelled as of: date _____

Date: _____ Signature: _____ Title: _____ Company: _____

| Fleet # | Vehicle Year | Make | Model | VIN Number | Pass Capacity | NJMVC # |
|---------|--------------|------|-------|------------|---------------|---------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

Within 5 days of a lease cancellation or change this form must be completed and filed with NJMVC Office of Regulatory Affairs Lease Cancellation Unit PO Box 680 Trenton, NJ 08666-680

Attach copy of letter of notification between parties of the leases cancellation

Attach any changes or modifications applicable to a lease already on file

Expired leases must be re-filed using lease data form

Note: upon cancellation of lease, operator is required to surrender omnibus license plates to NJMVC and must make arrangements with the NJMVC Bus Unit to remove inspection sticker and return Certificate of Inspection.

Official Use Only: Lease number _____ Date Entered _____