

Lease Data Form

Operator / Lessee Name: _____

Owner / Lessor Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Lease Term: Effective Date _____ Expiration Date: _____

Federal Authority USDOT or MC Number: _____

NJMVC CPCN Authority Number: _____

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

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

Maximum of five (5) vehicles per lease at one time, and only where parties are the same

Make sure that all vehicles are added to operators insurance and the "E" AND "F" insurance forms are filed

This form must be completed and attached to related lease

File with : NJMVC Office of Regulatory Affairs "Lease Filing Unit" PO Box 680 Trenton NJ 08666-0680

Please include a filing fee of \$25.00, in check, draft or money order payable to NJMVC

Official Use Only: Lease number _____ Operator Code: _____