



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 OFFICE OF SOLVENCY REGULATION  
 PO Box 325  
 TRENTON, NJ 08625-0325

## 2023 Self-Insured Motor Vehicle Status Report

*(Please type or print clearly)*

Name of Self-Insurer: \_\_\_\_\_

Self-Insurance Certificate No.: \_\_\_\_\_

Corpcode: \_\_\_\_\_

Registration Plate Number	Type of Vehicle (Passenger, Van, Truck)	Vehicle ID Number (VIN)

*(Attach additional copies if needed)*