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

2025 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)