

Purchase Price \$ \_\_\_\_\_  
 Sales/Use Tax \$ \_\_\_\_\_  
 Ex. Code \_\_\_\_\_ Initials \_\_\_\_\_

**NJ Motor Vehicle Commission**  
**Special Services Titles**  
**P.O. Box 017**  
**Trenton, NJ 08666-0017**

### APPLICATION FOR CERTIFICATE OF OWNERSHIP

PLEASE DESCRIBE THE VEHICLE ACCURATELY				
MAKE OF VEHICLE (PRINT) SDFDS	MODEL SDFDSSDFDDSF	YEAR SDF	COLOR WHITE	BODY TYPE SDF
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) FGFDT556			NO. OF AXLES 4	

#### ODOMETER READING

TENTHS

PLEASE CHECK  
 "YES" OR "NO"

Does your vehicle now have a lien? (Is your vehicle financed?) ☒ Yes ☐ No

If you checked "yes" PRINT name and address of bank or finance company below. If you checked "No", print 'NONE' in the box below.

LIENHOLDER	NAME OF BANK OR FINANCE COMPANY (LIENHOLDER), IF NO LIEN PRINT "NONE" NAME
	LIENHOLDER CORPCODE 6756
	STREET ADDRESS OF LIENHOLDER ADDRESS, ADDRESS

#### NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME TEST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) R5R5		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET DARREE HHGHH		
	CITY, STATE, ZIP CODE UU IL YYY		
CO-OWNER	NAME NAMEF NAMEM NAME L		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 565666		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET ADDRE ADD2		
	CITY, STATE, ZIP CODE CITY, NJ,		

**STATEMENT OF APPLICANT(S):** The undersigned hereby certifies all of the above to be true and correct and that the identification numbers shown on this form has been compared to the identification number on the motor vehicle and further certifies that they agree in every particular.

SIGN  
HERE

x \_\_\_\_\_  
 OWNER DATE

SIGN  
HERE

x \_\_\_\_\_  
 CO-OWNER (if any) DATE

SIGN  
HERE

x \_\_\_\_\_  
 CO-OWNER (if any) DATE

SIGN  
HERE

x \_\_\_\_\_  
 CO-OWNER (if any) DATE