

Purchase Price \$ ERSGV

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) WEDFE	MODEL WEFWE	YEAR WEF	COLOR ORANGE	BODY TYPE 4DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) GGGGHHH				NO. OF AXLES 8

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" SADFSD
	LIENHOLDER CORP CODE SFSEFSDF
	STREET ADDRESS OF LIENHOLDER SDFSDF, THRTGH, ESFEW, IN, 32423

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME ERSDVDSFSD ESFCSD		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) SADFSD		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET SFESDF		
	CITY, STATE, ZIP CODE DFGSE IL 24242		
CO-OWNER	NAME NAME MIDDLE NAME LAST NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		

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**

☒ _____
 OWNER DATE

**SIGN
HERE**

☒ _____
 CO-OWNER (if any) DATE

**SIGN
HERE**

☒ _____
 CO-OWNER (if any) DATE

**SIGN
HERE**

☒ _____
 CO-OWNER (if any) DATE