

Universal Title Application



Information - Further Instructions on Second Page

Use this form to apply for a New Jersey Title. The applicant (the person signing this application) must be the owner, lienholder, or an authorized representative of the owner/lienholder. Submit this completed application and all supporting documents in person to your local New Jersey Motor Vehicle Commission (MVC) Agency. All applicants or representatives must submit supporting documents, such as **proof of ownership or authorization**, and must provide **proper identification** when submitting this application.

• Original Documents: These are required when a release of lien is requested or when a Power of Attorney is used.

 Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders. Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID) 													
Step 1 – Title Transaction Type													
✓ Initial NJ Title (New Owner) ✓ Duplicate Title □ Replacement/Corrected Title □ Vessel Title □ Add Lien ✓ Remove Lien													
Step 2 – Vehicle Information							Vessel Information						
Vehicle Identification Number (VIN)								Hull Identification Number (HIN)					
VINMJ322344455													
NJ License Plate Number							Year		Make		Fuel Type		
PLATE													
Year	Make	Model					Length (in fee	et)	Hull Materi	Hull Material			
54 YR	MAKE	MODE											
Color	Weight	Body T			of Axles		Propulsion Ty	Propulsion Type					
BLACK													
Correction Needed on Vehicle Title (if applicable)							Correction Needed on Vessel Title (if applicable)						
Odometer Information							Check Only if One of These Applies						
Odometer Information C								Sneck Only if One of These Applies					
Odometer Reading (at time of purchase): ODO113													
Step 3 – V	ehicle/Vesse	l Owne	r Infor	mati	on		<u> </u>	ctual illilea	ge <u>— (w</u>)	- Milicage Has e.	Acceded ille	, namear mintations	
Owner Full Name or Entity Name Telephone Num										er License or MVC Business Entity Identification Number			
UMI									CORP65	CORP65656			
	Address				City/Town			State		Zip Code			
ADREESS ADDRESS22				0- (CITY	ama (if amaliaahla)		ID	n Dairean Line	and Newsbary (if an	235345		
Co-Owner First Name (if applicable) Co-O FIRST LAS						ame (if applicable)				nse Number (if ap	piicable)		
150510													
Step 4 – Lienholder Information (Complete ONLY if Adding or Removing a Lien on Vehicle/Vessel) Lienholder Name Driver License or MVC Business Entity Identification Number Telephone Number													
FARAZ TEST CORP655										l coopiione ital			
						Sity/Town State				Zip Code			
ADRREESS34, ADDREDGT					CITY			IA		5645656			
Step 5 – R	epresentativ	e Inforr	mation	(Co	mplete O	NLY if Repr	esentative	is NOT	the Curre	nt Owner or	Lienhold	er)	
Step 5 – Representative Information (Co					Last Name					Telephone Number			
Address				City/Town			State		Zip Code				
	uplicate Title	s (Che					equired Do	cument			or Lienh	older)	
For an Individual For a Bus								For a Lienholder					
				าoto Identification istration or Insurance Card (Cเ			ı		id Photo Identification				
					r insurance Ca	ard (Current	or		☐ Loan Contract or Lease Agreement☐ Lien Release Letter (if applicable)				
Card (Current or Expired) Expired □ Lien Release Letter (if □ Power					and/or Letter	of Authoriz	f Authorization from		☐ Power of Attorney and/or Letter of				
					Be Notarized				Authorization from Entity (Both Must				
====================================				, (-	Jour Maor	Do Notanzoa	ana Ongine	,		Be Notarized and Original)			
Step 7 – Recipient Information (For Mail In Applications ONLY – Initial Titles Excluded)													
Method of Return – YOU MUST INCLUDE A PREPAID RETURN AIR BILL WITH YOUR APPLICATION WHEN US MAIL IS NOT SELECTED*													
Mailing Addres	SS				City/Town			State		Zip Code			
☐ US Mail					☐ Fede	eral Express		□UPS		I.	☐ Other		
Step 8 – Certification and Signature(s)													
I, the undersigned, hereby certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am													
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	ignature of Repres	-	-		oider	Signat	ure of Co-Own	ет (птаррпса	inie)		Dat	,	
Motor Vehicle Commission Use Only: Clark Initials: NIM/TIS Chapked: Transaction Number:													
Clerk Initials: NMVTIS Checked:							ıransac	Transaction Number:					
Check Number and Amount:								Tracking Number:				1	