

Purchase Price \$	6778	\$
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)	MODEL	YEAR	COLOR	BODY TYPE
MAKER TEST	MODEL TEST	34 YR	NAVY BL	3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
GGFGGH			12	

ODOMETER READING

E	A	D	I	N	G	TENTHS	
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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"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER
	ADDRESS 1 TEST, ADDRESS 2 TEST, CITY 1, LA, 43654

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		
CO-OWNER	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 number 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