

Purchase Price \$ 6777.77
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 |
| MBVGHH | HHGFGHHH | 24 | WHITE | 4DOORSEDA |
| COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) | | | NO. OF AXLES | |
| GGGFGGH234 | | | 2 | |

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" |
| | LIENHOLDER CORPCODE |
| | STREET ADDRESS OF LIENHOLDER |

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 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