

## **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.

| <ul> <li>Original Documents: These are required when a release of lien is requested or when a Power of Attorney is used.</li> <li>Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders.</li> <li>Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID)</li> </ul> |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
|---|-------------------------|--------------|------------------|----------------------------------|------------------------|---|---|----------------------------------|---------------------------------------|---|--|-----------|-----------------------|--|
| Step 1 – T  | itle Transaction        | on Type      | )                |                                  |                        |   | •   | Ì                                |                                       |   |  |           |                       |  |
| ☐ Initial N   | <b>☑</b> Replacem       | ent/Correcte | ed Title         | □ V                              | essel <sup>*</sup>     | Title □ Ad  | e □ Add Lien □ Remove Lien                        |                                  |                                       |   |  |           |                       |  |
| Step 2 – Vehicle Information  |                         |              |                  |                                  |                        |   | Vessel Information                                |                                  |                                       |   |  |           |                       |  |
|   | ication Number (VIN     |              |                  | Hull Identification Number (HIN) |                        |   |   |                                  |                                       |   |  |           |                       |  |
| RETRRT  |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| NJ License Plate Number   |                         |              |                  |                                  |                        |   | Year  |                                  | Make                                  |   |  | Fuel Type |                       |  |
| 4TTERTERT   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Year  | ear Make Model          |              |                  |                                  |                        |   |   | ength (in feet) Hull Material    |                                       |   |  |           |                       |  |
| E4RERT  | EWR                     | WER          |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Color   | Weight                  | Body Type No |                  |                                  |                        |   | Propulsion Type                                   |                                  |                                       |   |  |           |                       |  |
| RET EFEQWEF   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Correction Needed on Vehicle Title (if applicable)  |                         |              |                  |                                  |                        |   | Correction Needed on Vessel Title (if applicable) |                                  |                                       |   |  |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Odometer Information  |                         |              |                  |                                  |                        |   | Check Only if One of These Applies                |                                  |                                       |   |  |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Odometer Re   | ading (at time of pu    | urchase): .  | <u>E</u>         |                                  |                        |   | ☐ (N) – Not a                                     | ctual milea                      | ge                                    | □ (M) -   | - Mileage has ex                                 | ceeded m  | echanical limitations |  |
|   | ehicle/Vessel           | Owner        | Infor            | mati                             | on                     | T.I. I. I. I.   |   |                                  | - Date:                               |   | 10/0 B   | F         | Lilea CC C Near hear  |  |
| Owner Full Name or Entity Name Telephone Num TESTLESS   |                         |              |                  |                                  |                        |   | Driver Lice<br>CORP 2 4                           |                                  |                                       |   | nse or MVC Business Entity Identification Number |           |                       |  |
| Address   |                         |              |                  |                                  | City/Town              |   |   | State                            |                                       | CORFZT  |  | Zip Code  |                       |  |
| ADD ADD2  |                         |              |                  |                                  | CITY                   |   |   | KS                               |                                       |   |  | 34324     |                       |  |
|   |                         |              |                  |                                  |                        | ame (if applicable                                    | e)  | Co-Own                           | er Drive                              | er Licens   | se Number (if applicable)                        |           |                       |  |
| ER  |                         |              |                  | 3E                               |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Step 4 – L  | ienholder Info          | rmatio       | n (Cor           | mple                             | ete ONLY               | if Adding o   | r Removin   | g a Lien                         | on V                                  | /ehicl  | e/Vessel)  |           |                       |  |
| Lienholder Na   |                         |              | ness Entity Iden |                                  |                        |   | Telephone Nun                                     | nber                             |                                       |   |  |           |                       |  |
| LEINTEST CORO88   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Lienholder Address  |                         |              |                  |                                  | City/Town              |   |   | State                            |                                       |   | Zip Code   |           |                       |  |
| ADDRE1,ADD2   |                         |              |                  |                                  | CITYQ                  |   |   | DC                               |                                       |   | 234324   |           |                       |  |
| Step 5 - R  | Representative          | Inform       | ation            | (Co                              | mplete C               | NLY if Rep  | resentative                                       | is NOT                           | the C                                 | Currer  | nt Owner or                                      | Lienho    | lder)                 |  |
|   |                         |              |                  |                                  | Last Name              | nplete ONLY if Representative is NOT the<br>Last Name |   |                                  |                                       | Telephone Number  |  |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Address   |                         |              |                  |                                  | City/Town              |   |   | State                            |                                       | Zip Code  |  |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Step 6 - D  | <b>Suplicate Titles</b> | s (Chec      | k All            | That                             | Apply a                | nd Attach R   | equired Do  | cument                           |                                       |   |  | or Lien   | holder)               |  |
| For an Individual For a Bus   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   | For a Lienholder                                 |           |                       |  |
| ☐ Valid Photo Identification ☐ Valid P  |                         |              |                  |                                  |                        |   |   |                                  |                                       |   | ☐ Valid Photo Identification                     |           |                       |  |
| □ NJ Registration or Insurance □ NJ Reg   |                         |              |                  |                                  | Card (Curren           |   |   |                                  | □ Loan Contract or Lease Agreement    |   |  |           |                       |  |
| Card (Current or Expired) Expired)  |                         |              |                  |                                  | )<br>.f ^ ++ = === = : | Attorney and/or Letter of Authorization fr            |   |                                  | ☐ Lien Release Letter (if applicable) |   |  |           | 'a                    |  |
|   |                         |              |                  |                                  |                        |   | Be Notarized and Original)                        |                                  |                                       | I -   |  |           |                       |  |
| applicable) Entity (Both Must B   |                         |              |                  |                                  |                        | be Notalized and Original)                            |   |                                  |                                       | Authorization from Entity (Both Must 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  |                         | 1001 1110    | JEUDE            |                                  | City/Town              | CETOINI AIN   | DILL WITH   | State                            |                                       | AIIOI   | Zip Code   | AIL IO II | OT OLLLOTED           |  |
| Mailing Addres  | 55                      |              |                  |                                  | City/ Town             |   |   | State                            |                                       |   | Zip Code   |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| □ US Mail   |                         |              |                  |                                  | ☐ Fede                 | eral Express  |   |                                  | □ UPS                                 |   | ☐ Other  |           | r                     |  |
| 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   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| subject to civil, criminal, and administrative penalties.   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
|   |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Signature of Representative, Owner, or Lienholder Signat  |                         |              |                  |                                  |                        |   |   | ture of Co-Owner (if applicable) |                                       |   |  | Date      |                       |  |
| Motor Vehicle Commission Use Only:  |                         |              |                  |                                  |                        |   |   |                                  |                                       |   |  |           |                       |  |
| Clerk Initial   |                         |              |                  |                                  |                        |   | Transac   | tion Nux                         | her.                                  |   |  |           | 1                     |  |
| Clerk Initials: NMVTIS Checked:   |                         |              |                  |                                  |                        | Transac   | Transaction Number:                               |                                  |                                       |   |  |           |                       |  |
| Check Number and Amount:  |                         |              |                  |                                  |                        |   | Tracking  | Tracking Number:                 |                                       |   |  |           |                       |  |