

***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
FORD	ESCORT	2007	RED	4DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
WIN989083898EJUY78			2	

ODOMETER READING

	5	0	9	8	7	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"
	ABC COMPANY
	LIENHOLDER CORPCODE
	SFDF2
	STREET ADDRESS OF LIENHOLDER
	ASDAS,AWWD2,SDAS,KS,3433

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME LIENSTEST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) EWR		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET ADDLIENS1 ADDLIENS2		
	CITY, STATE, ZIP CODE ADDLIENS1CITY DE 77777		
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**

Y

CO-OWNER (if any)

DATE _____