

Purchase Price \$ _____
 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) SFSF	MODEL WSFFD	YEAR DSFSDF	COLOR BLUE	BODY TYPE SDFSD
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) 23423				NO. OF AXLES

ODOMETER READING

S D F S D F 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" CXX
	LIENHOLDER CORPCODE SDF33
	STREET ADDRESS OF LIENHOLDER WFWESDSCVDCV, SDDFS, SFSD, IL, 23423

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME ABC COMPANY		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) SFDF2		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET ASDAS AWD2		
	CITY, STATE, ZIP CODE SDAS KS 3433		
CO-OWNER	NAME SDSFSDSD DSFF SFDDF		
	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