

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) MAKE	MODEL MODEL	YEAR 54 YR	COLOR BLACK	BODY TYPE 3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) VINMJ322344455			NO. OF AXLES 8	

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" FARAZ TEST
	LIENHOLDER CORPCODE CORP655
	STREET ADDRESS OF LIENHOLDER ADREESS34, ADDREDGT

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME UMI
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) CORP65656
	DATE OF BIRTH _____ EYE COLOR _____ SEX _____
	STREET ADREESS ADDRESS22
	CITY, STATE, ZIP CODE CITY ID 235345
CO-OWNER	NAME FIRST MIDDLE LAST
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 456546
	DATE OF BIRTH _____ EYE COLOR _____ SEX _____
	STREET ADDRESS3344
	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