

**APPLICATION FOR DUPLICATE
CERTIFICATE OF OWNERSHIP**

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL SERVICES
P.O. BOX 017
TRENTON, NEW JERSEY 08666-0017
(609) 292-6500 EXT. 5074

ABOVE SPACE IS FOR OFFICE USE ONLY

INSTRUCTIONS- PLEASE READ CAREFULLY

1. This form is to be completed by the titled owner(s). Please type or print clearly.
2. **A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card and proof of identity (copy of driver's license) must accompany the application.** Mail all information to the Trenton Central Office or bring in person to any motor vehicle agency.

1. NAME OF TITLED OWNER _____
OWNER'S NEW JERSEY DRIVER LICENSE NUMBER (IF BUSINESS-CORPCODE) 67895432
DATE OF BIRTH _____ EYE COLOR _____ SEX _____
ADDRESS _____
NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____
PHONE: (HOME) _____ (CELL) _____ (WORK) _____
WHERE DO YOU WANT THE TITLE MAILED (IF DIFFERENT THAN ABOVE ADDRESS)? _____

IF CO-OWNER:

1a. NAME OF CO-OWNER _____
NEW JERSEY DRIVER LICENSE NUMBER _____
DATE OF BIRTH _____ EYE COLOR _____ SEX _____
ADDRESS _____

DESCRIPTION OF VEHICLE

2. LICENSE PLATE NO. _____ MAKE _____ YEAR _____ BODY TYPE _____ MODEL _____
WEIGHT CLASS _____ COMPLETE VEHICLE IDENTIFICATION NO. _____
3. ARE THERE ANY ENCUMBRANCES OR LIENS AGAINST THE VEHICLE AT THIS PRESENT TIME? YES _____ NO ☒
IF "YES", GIVE NAME AND ADDRESS OF LIENHOLDER NONE

NOTE: If the original certificate was issued subject to lien and lienholder has not submitted evidence of satisfaction, a duplicate certificate of ownership will not be issued until proof of payment is received from the lienholder.

*If banks have merged it must be stated on Lien Release.

*LIENHOLDERS MUST SUPPLY A COPY OF CONTRACT OR LEASE AGREEMENT AND (IF APPLICABLE) POWER OF ATTORNEY.

R.S. 39:10-12... "A person who falsely states, in any application to the **Chief Administrator** for a duplicate certificate of ownership, that a certificate of ownership, or title papers, are lost, shall be subject to a fine of not less than two hundred dollars (\$200.00) nor more than five hundred dollars (\$500.00) or imprisonment for a term not exceeding thirty days or both."

This application is submitted to the **Chief Administrator of the Motor Vehicle Commission** because the whereabouts of the title paper for the motor vehicle described herein- owned by the undersigned IS UNKNOWN and certification is hereby made that it IS LOST.

It is further certified that the _____
YEAR MAKE VEHICLE IDENTIFICATION NO.
was physically examined by me and the identification number is as entered hereon. I certify that I have compared this number with the numbers shown on the evidence of ownership and on my application for a duplicate New Jersey Certificate of Ownership and they agree. I further certify that I have read and understand this application and that all statements are correct.

DATE SIGNATURE OF TITLED OWNER DATE SIGNATURE OF CO-OWNER

(IF PARTNERSHIP, SO INDICATE, IF CORPORATION, GIVE TITLE OF OFFICER)

*Need POWER OF ATTORNEY if in a company name.

IF NOT FILLED IN ENTIRELY AND ACCOMPANIED BY CHECK OR MONEY ORDER FOR \$60.00 (DO NOT SEND CASH) AND PROOF OF IDENTITY (COPY OF DRIVER'S LICENSE) THIS APPLICATION WILL BE REJECTED.