

Purchase Price \$ GGH67
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) MAKER	MODEL MODELKL	YEAR RDT56	COLOR WHITE	BODY TYPE 2DRCOUP
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) FGGHHH55676			NO. OF AXLES 10	

ODOMETER READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TENTHS	<input type="checkbox"/>
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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" JJHHH
	LIENHOLDER CORP CODE WERTEWRT
	STREET ADDRESS OF LIENHOLDER DCCV, TDRRFVC

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) EWAFFBGGHH		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET ADDRESS NEW HJHJHHH		
	CITY, STATE, ZIP CODE CHJHGG IL 54558		
CO-OWNER	NAME GHFGHGH MIDDLE LASTTT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 54555		
	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