Purchase Price \$_	
Sales/Use Tax \$	
Ex. Code	Initials

NJ Motor Vehicle Commission Special Services Titles P.O. Box 017 Trenton, NJ 08666-0017

-ode			CATION FOR	ERTIF	ICATE OF OWNE	RSHIP	
			PLEASE DESCRIBE 1	HE VEHICLE	ACCURATELY		
MAKE	OF VEHICLE (PRINT)	MODEL		YEAR	COLOR	BODY T	YPE
COMP	PLETE VEHICLE IDENTIF	TCATION NUMBER (NO	T THE MOTOR NUMBER)		NO.	OF AXLES	
	METER READING	3				тнѕ 🔲	
		oes your vehicle no	ow have a lien? (Is you	ır vehicle fin	anced?)	]No	
			ess of bank or finance IENHOLDER), IF NO LIEN		elow. If you checked "No",	print 'NONE" in	the box belov
ENHOLDER	LIENHOLDER CORPC	ODE					
LIEN	STREET ADDRESS O	F LIENHOLDER					
NAM	E AND ADDRESS	OF OWNER AN	D CO-OWNER BE	LOW			
	NAME						
OWNER	N.J. DRIVER LICENSE	NO. (IF BUSINESS-CORF	PCODE)				
	DATE OF BIRTH				EYE COLOR	SEX	
	STREET				<del></del>		
	CITY, STATE, ZIP COD	E					
CO-OWNER	NAME						
	N.J. DRIVER LICENSE	NO. (IF BUSINESS-CORF	PCODE)				
	DATE OF BIRTH				EYE COLOR	SEX	
8	STREET						
	CITY, STATE, ZIP COD	E					
numb	II FEMENT OF APPLIC DET Shown on this for Bery particular.	CANT(S): The under m has been compa	ersigned hereby certifured to the identification	ies all of the n numbero	above to be true and corr n the motor vehicle and fu	ect and that the ther certifies th	identificatio at they agree
SIG				SIGN HERE			
	OWNER		DATE		CO-OWNER (if any)		DATE
SIG HEF				SIGN HERE	x		
	CO-OWNE	R (if any)	DATE		CO-OWNER (if any)		DATE

OS/SS-7 (R2/09)