

Purchase Price \$ 45566.00

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) CHEVROLET	MODEL SINH77	YEAR 6	COLOR BURGUND	BODY TYPE
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) 24GGGGGFGG7766			NO. OF AXLES 6	

ODOMETER READING

5 5 6 6 6 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" MUTUAL CREDIT
	LIENHOLDER CORPCODE FFFF656
	STREET ADDRESS OF LIENHOLDER PO BOX6677, SHELTON, IL, 66332

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME GGHHH		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET DFFF555 FDF666		
	CITY, STATE, ZIP CODE FGGG		
CO-OWNER	NAME		
	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