

## **Universal Title Application**



## Information - Further Instructions on Second Page

Use this form to apply for a New Jersey Title. The applicant (the person signing this application) must be the owner, lienholder, or an authorized representative of the owner/lienholder. Submit this completed application and all supporting documents in person to your local New Jersey Motor Vehicle Commission (MVC) Agency. All applicants or representatives must submit supporting documents, such as proof of ownership or authorization, and must provide proper identification when submitting this application.

- Original Documents: These are required when a release of lien is requested or when a Power of Attorney is used.

<ul> <li>Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders.</li> <li>Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID)</li> </ul>													
Step 1 – Title Transaction Type													
☑ Initial NJ Title (New Owner) ☑ Duplicate Title ☑ Replacement/Corrected Title ☐ Vessel Title ☑ Add Lien ☑ Remove Lien													
Step 2 – Vehicle Information							Vessel Information						
	cation Number (VIN	l)					Hull Identification Number (HIN)						
555555													
NJ License Plate Number							Year		Make		Fuel Type		
56545													
Year	Make Model						Length (in fe	Length (in feet) Hull Mate					
3432	RTYF	GG56											
Color	Weight	Body T	<b>,</b> , ,	No. of	Axles		Propulsion T	Propulsion Type					
RED 5456 2DRCOUP 4													
Correction Needed on Vehicle Title (if applicable)							Correction Needed on Vessel Title (if applicable)						
Odometer Info			Check Only if One of These Applies										
Odometer Reading (at time of purchase): 7654567													
Step 3 – Vehicle/Vessel Owner Information													
Owner Full Name or Entity Name NAME					Telephone Number				Driver License or MVC Business Entity Identification Number 6756				
Address					City/Town			State	<u>l</u>		Zip Code		
ADDRESS ADDRESS					CITY			KY			56566		
					Owner Last Name (if applicable)				er Driver License Number (if applicable) 323456789				
Step 4 – Lienholder Information (Complete ONLY if Adding or Removing a Lien on Vehicle/Vessel)													
Lienholder Na		Zi iliatic	) (OOI			nse or MVC Busir				Telephone Nu	mber		
LESSOR STAGING CORP5556							•						
						City/Town			State Zip Code				
ADDRESS TO SOUTH, ADDRESS 2 NOR CIT						CITY TEST				76555			
ADDRESS TO SOUTH, ADDRESS 2 NOR CITY TEST GA 76555  Step 5 – Representative Information (Complete ONLY if Representative is NOT the Current Owner or Lienholder)													
First Name					Last Name				Telephone Number				
Address				C	City/Town			State		Zip Code			
Step 6 - D	uplicate Titles	s (Che	ck All T	That A	Apply a	nd Attach R	equired Do	cument	s/Proof	of Ownership	or Lien	holder)	
For an Individual For a Business										Lienholder			
☐ Valid Photo Identification ☐ Valid Pl					noto Identification						l Photo Identification		
				Regist	istration or Insurance Card (Cur			t or			n Contract or Lease Agreement		
Card (Current or Expired) Expired				,	,					☐ Lien Release Letter (if applicable)			
						and/or Lette				□ Power of Attorney and/or Letter of			
applicable) Entity (E					Both Must Be Notarized and			ai)		thorization from Entity (Both Must			
Be Notarized and Original)													
Step 7 – Recipient Information (For Mail In Applications ONLY – Initial Titles Excluded)  Method of Return – YOU MUST INCLUDE A PREPAID RETURN AIR BILL WITH YOUR APPLICATION WHEN US MAIL IS NOT SELECTED*													
-						City/Town						OI SELECTED	
Mailing Addres	is				oity/ i own			State		Zip Code			
☐ US Mail					□ Fede	eral Express			UPS		☐ Other		
Step 8 – Certification and Signature(s)													
					nents mad	le by me are true	e. I am aware t	hat if any o	f the above	statements mad	e by me are	willfully false, I am	
					subject to	civil, criminal,	and administr	ative penali	ties.				
					-	•		•					
Signature of Representative, Owner, or Lienholder Signat								ure of Co-Owner (if applicable)			Date		
Motor Veh	icle Commiss	sion Us	se Only	<b>7</b> :									
Clerk Initials: NMVTIS Checked:							Transac	ction Num	ber:			T	
Check Number and Amount:							Trackin	g Numbei	r:				