

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.

 Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders. Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID) 												
Step 1 – Title Transaction Type												
☑ Initial NJ Title (New Owner) ☑ Duplicate Title ☑ Replacement/Corrected Title □ \									essel Title 🗹 Add Lien 🗹 Remove Lien			
Step 2 – Vehicle Information						Vessel Information						
Vehicle Identification Number (VIN) Hull Identification Number (HIN)												
12312212												
NJ License Plate Number						Year		Make		Fuel Type		
7654				Hull Materia								
Year							Length (in feet)		ıl			
2123	6544	7654	ŀ									
Color	Weight	Body T	ype No	. of Axles		Propulsion Type						
GREY	GREY 546 12											
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): 456432												
Step 3 – Vehicle/Vessel Owner Information												
Owner Full Name or Entity Name MEDHATEST					Telephone Number			Driver License or MVC Business Entity Identification Number 4456				
Address				City/Town	City/Town			Zip Code				
ADD1 ADD2				CITYT	CITYTEST			566587				
				Owner Last Name (if applicable)				er Driver License Number (if applicable) 5555555				
Step 4 – Lienholder Information (Complete ONLY if Adding or Removing a Lien on Vehicle/Vessel)												
Lienholder Name Driver License or MVC Business Entity Identification Number Telephone Number												
NEWLEINER 332322323									l coopiiono itali			
					City/Town			State Zip Code				
ADDE, ADD2				2332			KY 2323					
										lau\		
Step 5 – Representative Information (Complete ONLY if Representative is NOT the Current Owner or Lient First Name Telephone Number Telephone											ier)	
T if St Name					Last Name			1000				
Address				City/Town			State		Zip Code			
Stop 6 - D	Suplicate Titles	c (Cho	ck All The	at Annly a	nd Attach Por	quired Doc	rumonts	/Proof of	Ownership	or Lionh	older)	
		s (Cite				quired Doc	Juillellis		Lienholder	OI LIGITI	oluei)	
	For an Individual ☐ Valid Photo Identification ☐ Valid Photo Identification								/alid Photo Identification			
				stration or Insurance Card (Current				n Contract or		reement		
Card (Current or Expired) Expired)				-	suduent of integration bard (barrent o			☐ Lien Release Letter (if applicable)				
					f Attorney and/or Letter of Authoriza					r of Attorney and/or Letter of		
					Both Must Be Notarized and Original					om Entity (Both Must		
					- 3 /				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*												
Mailing Addres	SS			City/Town			State		Zip Code			
□ US Mail				☐ Fede	□ Federal Express			□UPS		☐ Other		
Step 8 – Certification and Signature(s)												
I, the undersigned, hereby certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am subject to civil, criminal, and administrative penalties.												
Signature of Representative, Owner, or Lienholder Signature of Co-Owner (if applicable) Date												
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Motor Vehicle Commission Use Only: Clerk Initials: NMVTIS Checked: Transaction Number:												
Check Number and Amount:							Number	•				