

Purchase Price \$ I8I

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)	MODEL	YEAR	COLOR	BODY TYPE
MAKE	MODEL	8	BLUE	3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
VI7867			4	

ODOMETER READING

<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"
	GHHHG
	LIENHOLDER CORPCODE
	GGFG
	STREET ADDRESS OF LIENHOLDER
	HGH, HGHGH

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	TEST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	R5R5		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	DARREE HHGHH		
	CITY, STATE, ZIP CODE	UU IL YYY		
CO-OWNER	NAME	CO-TEST MIDDLE LAST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	77667		
	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