

Purchase Price \$	356.77
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
TEST MAKE	TEST MAKE	1997	GREEN	2DR COUP
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
GHGFF667			4	

ODOMETER READING

E	F	D	D	F	F	TENTHS	
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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"
	SADFSD
	LIENHOLDER CORP CODE
	SFSEFSDF
	STREET ADDRESS OF LIENHOLDER
	SDFSDF, THRTGH, ESFEW, IN, 32423

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	TESTLESSOR		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	213213		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	ADD1 ADD2		
	CITY, STATE, ZIP CODE	CITY1 ID 1312312		
CO-OWNER	NAME	FIRSTNAME MIDDLENAME LASTNAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	21424322		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	123 MAIN STREET		
	CITY, STATE, ZIP CODE	ANYWHERE, NY, 10999		

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