APPLICATION FOR DUPLICATE CERTIFICATE OF OWNERSHIP

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL SERVICES
P.O. BOX 017
TRENTON, NEW JERSEY 08666-0017
(609) 292-6500 EXT. 5074

ABOVE SPACE IS FOR OFFICE USE ONLY

INSTRUCTIONS- PLEASE READ CAREFULLY

- 1. This form is to be completed by the <u>titled owner(s)</u>. Please type or print clearly.
- 2. A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card and proof of identity (copy of driver's license) must accompany the application. Mail all information to the Trenton Central Office or bring in person to any motor vehicle agency.

I. NAME OF HILED OWNER	R LICENSE NUMBER (IF BUSIN	ESS-CORRODE) 6	7676786868768	7
DATE OF DIDTH	EYE COLOR	L33-CORFCODE)	CEY	-
ADDRESS	ETE COLOR			
NO. AND STREET		CITY	STATE	ZIP CODE
PHONE: (HOME)	(CELL)		(WORK)	
	ITLE MAILED (IF DIFFERENT TI			
F CO-OWNER:				
1a. NAME OF CO-	OWNER			
	ER LICENSE NUMBER			
DATE OF BIRTH	EYE COLOR		EX	
		ESCRIPTION OF VE		
	MAKE			MODEL
	_COMPLETE VEHICLE IDENTII			
ARE THERE ANY ENCUM	BRANCES OR LIENS AGAINST	THE VEHICLE AT THI	SPRESENT TIME? YES	NO_ _
F "YES", GIVE NAME AND AD	DRESS OF LIENHOLDER NO	NE		
				satisfaction, a duplicate certificate
	ed until proof of payment is re	eceived from the lier	holder.	
*If banks have merged it mus				
*LIENHOLDERS MUST SUPPLY	A COPY OF CONTRACT OR LE	ASE AGREEMENT A	ND (IF APPLICABLE) POW	ER OF ATTORNEY.
certificate of ownership, or ti five hundred dollars (\$500.00	tle papers, are lost, shall be s i) or imprisonment for a term	ubject to a fine of no not exceeding thirty	ot less than two hundred days or both."	te certificate of ownership, that a dollars (\$200.00) nor more than
the motor vehicle described	nerein- owned by the undersi	gned <u>IS UNKNOWN</u>	and certification is hereb	whereabouts of the title paper for y made that it <u>IS LOST</u> .
It is further certified that the				
	YEAR		VEHICLE IDENTIFICATION	
was physically examined by r	ne and the identification num	nber is as entered he	reon. I certify that I have	compared this number with the
				cate of Ownership and they agree. I
further certify that I have rea	d and understand this applica	ation and that all stat	ements are correct.	
			TC	SIGNATURE OF CO-OWNER
DATE SIGNA	ATURE OF TITLED OWNER	DA		
			ATION, GIVE TITLE OF OF	-ICEN)
	*Need POW	er of attorney if i	n a company name.	

IF NOT FILLED IN ENTIRELY AND ACCOMPANIED BY CHECK OR MONEY ORDER FOR \$60.00 (DO NOT SEND CASH) AND PROOF OF IDENTITY (COPY OF DRIVER'S LICENSE) THIS APPLICATION WILL BE REJECTED.