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 titled owner(s). 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.

NAME OF TITLED OWNER _			-1	
OWNER'S NEW JERSEY DRIVER LI DATE OF BIRTH				
	EYE COLOR		3EA	
ADDRESS		CITY	STATE	ZIP CODE
PHONE: (HOME)	(CELL)		(WORK)	
WHERE DO YOU WANT THE TITLE				
IF CO-OWNER:	·			
1a. NAME OF CO-OW	NER			
			SEX	
	_			
		ESCRIPTION (MODEL
2. LICENSE PLATE NO				MODEL
WEIGHT CLASSC				D NO
3. ARE THERE ANY ENCUMBRA	ANCES OR LIENS AGAINST	THE VEHICLE A	ADREESENTHME? YES	_NO
IF "YES", GIVE NAME AND ADDRI	ESS OF LIENHOLDER	IN IEDI	ADREEDDZ CIII	of anti-faction and displaced conditionto
				of satisfaction, a duplicate certificate
of ownership will not be issued u		eceived from t	ne lienholder.	
*If banks have merged it must be				WED OF ATTORNEY
*LIENHOLDERS MUST SUPPLY A	COPY OF CONTRACT OR LE	ASE AGREEME	NT AND (IF APPLICABLE) PO	WER OF ATTORNEY.
certificate of ownership, or title	papers, are lost, shall be s	ubject to a fine	of not less than two hundre	cate certificate of ownership, that a ed dollars (\$200.00) nor more than
five hundred dollars (\$500.00) or	r imprisonment for a term	not exceeding	thirty days or both."	
This application is submitted to t	he Chief Administrator of	the Motor Ve	hicle Commission because the	he whereabouts of the title paper for
the motor vehicle described here	ain- owned by the undersi	ened IS UNKN	DWN and certification is here	eby made that it IS LOST.
the motor venicle described here	in owned by the undersi	gired in grant		
It is further certified that the				
	YEAR	MAKE	VEHICLE IDENTIFICA	
was physically examined by me	and the identification num	nber is as enter	ed hereon. I certify that I ha	ve compared this number with the
				ificate of Ownership and they agree. I
further certify that I have read a	nd understand this applica	ation and that a	Ill statements are correct.	
- COMPTINE	DE OF TITLED OWNER		DATE	SIGNATURE OF CO-OWNER
DATE SIGNATU	RE OF TITLED OWNER	IDICATE IF CO		
			RPORATION, GIVE TITLE OF C	of Ficeny
	*Need POW	ER OF ATTORN	EY if in 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.