ales/Use Tax \$				NJ Motor Vehicle Commission Special Services Titles P.O. Box 017	
. Code				Trenton, NJ 08	666-0017
	APPLICA	TION FOR CE	RTIFICATE OF	OWNERSHIP	
AAAIGE	PL E OF VEHICLE (PRINT) MODEL	EASE DESCRIBE THE	VEHICLE ACCURATELY YEAR	COLOR BOD	OY TYPE
MA	KER MODEL PLETE VEHICLE IDENTIFICATION NUMBER (NOT THE VALUE OF THE PROPERTY O	E MOTOR NUMBER)	7 YT		DOOR
ODO	METER READING				
	SECHECK "OR "NO" Does your vehicle now h	T E		8 TENTHS 6	
	checked "yes" PRINT name and address of			cked "No", print 'NONE'	' in the box below
JER.	NAME OF BANK OR FINANCE COMPANY (LIENH LEIN STAGING	OLDER), IF NO LIEN PRI	NT "NONE"		
ENHOLDE	LIENHOLDER CORPCODE				
一点	556565 STREET ADDRESS OF LIENHOLDER				
	ADDRESS1, ADDRESS2				
NAM	E AND ADDRESS OF OWNER AND O	O-OWNER BELO	W		
	NAME LESSOR STAGING				
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCOD	E)			
OWNER	DATE OF BIRTH		EYE COLOR	SEX	
8	STREET				
	NEW ADREESSS TEST CITY, STATE, ZIP CODE		<u> </u>		
	CITY STAGE KS 555555				
	NAME				
l cc	CO-OWNER STG MIDDLE STAGE LAST STAGE  N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)				
CO-OWNER	43564		EYE COLOR	SEX	
ò	06-08-2020		BROWN		ÍALE
8	STREET ADASD WADESD				
	CITY, STATE, ZIP CODE				
	TTTTTT, TTTT, 566566				
	<b>TEMENT OF APPLICANT(S):</b> The undersigner shown on this form has been compared.				
	ery particular.				, ,
eic	an and an analysis of the second		SIGN		
SIG	RE X	i	HERE X		
	OWNER	DATE		ER (if any)	DATE
SIG	en .		SIGN		
HEI			HERE X		
	CO-OWNER (if any)	DATE	CO-OWN	ER (if any)	DATE
OS/SS	-7 (R2/09)			*)	
			E1		