Purchase Price \$	
Sales/Use Tax \$	
Ex. Code	Initials

NJ Motor Vehicle Commission Special Services Titles P.O. Box 017 Trenton, NJ 08666-0017

ode_			ATION FOR	ERTIF	CATE OF OWNE	ERSHIP	
			PLEASE DESCRIBE 1	HE VEHICLE	ACCURATELY		
MAKE	OF VEHICLE (PRINT)	MODEL		YEAR	COLOR	BODY	TYPE
COMP	LETE VEHICLE IDENTIF	CATION NUMBER (NOT	THE MOTOR NUMBER)		NO	OF AXLES	
PLEAS	METER READING SECHECK OR "NO"	_	w have a lien? (Is you	Ur vehicle fin		ITHS	
	checked "yes" PRII	NT name and addre	, ,	company be	low. If you checked "No",		the box belo
L_ IMAP	E AND ADDRESS	OF OWNER AN	D CO-OWNER BE	LOW			
OWNER	NAME N.J. DRIVER LICENSE DATE OF BIRTH STREET	NO. (IF BUSINESS-CORP	CODE)		EYE COLOR	SEX	
	CITY, STATE, ZIP COD	E					
MER.		NO. (IF BUSINESS-CORP	CODE)				
CO-OWNER	DATE OF BIRTH STREET CITY, STATE, ZIP COD	E			EYE COLOR	SEX	
numb	EMENT OF APPLIC er shown on this for ery particular.	CANT(S): The under m has been compai	rsigned hereby certifed to the identification	ies all of the n numbero	above to be true and corn the motor vehicle and fu	rect and that the rther certifies th	e identification nat they agre
SIG	RE <u>x</u>		DATE	SIGN HERE	X		DATE
SIG HER			DATE	SIGN HERE	CO-OWNER (if any)		DATE
	CO-OWNE	R (if any)	DATE		CO-OWNER (if any)		DATE

OS/SS-7 (R2/09)