

Purchase Price \$ _____
 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) 22WQ	MODEL 2213	YEAR 23232	COLOR ORANGE	BODY TYPE 3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) 22222222222222222222222222222222				NO. OF AXLES 4

ODOMETER READING

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TENTHS	<input type="text"/>
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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" AMERICA FIRST CREDIT UNION
	LIENHOLDER CORPCODE 039349238844090
	STREET ADDRESS OF LIENHOLDER PO BOX 9199, OGDEN, UT, 84409

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME ROAD RUNNER FINANCIAL INC		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 740347460100180		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET 535 8TH AVE 15TH FL		
	CITY, STATE, ZIP CODE NEW YORK NY 10018		
CO-OWNER	NAME COOTEST SDWERT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 2121313131313232		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		

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