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.

,	NOUCOMDANY			
1. NAME OF TITLED OWNER	NOWCOMPANY		1024567000	
OWNER'S NEW JERSEY DRIVE	R LICENSE NUMBER (IF BUSINI	ESS-CORPCODE) _	123456/890	
DATE OF BIRTH	EYE COLOR		SEX	
ADDRESS		0/7/	CTATE	ZIP CODE
NO. AND STREET	(CELL)	CITY	STATE (MORK)	
	(CELL) TITLE MAILED (IF DIFFERENT TH			
WHERE DO YOU WANT THE T	TILE WAILED (IF DIFFERENT TI	TAIN ABOVE ADDIT	L33)!	
	OWNER			
	/ER LICENSE NUMBER			
	EYE COLOR			
	ETE COLON			
ADDITESS				_
	DI	ESCRIPTION OF	VEHICLE	
2. LICENSE PLATE NO.	MAKE	YEAR	BODY TYPE	MODEL
	COMPLETE VEHICLE IDENTIF			
	BRANCES OR LIENS AGAINST			NO Z
IF "YFS". GIVE NAME AND AD	DRESS OF LIENHOLDER NO	NE		
NOTE: If the original certifica	te was issued subject to lien a	nd lienholder has	not submitted evidence of	satisfaction, a duplicate certificate
	ed until proof of payment is re			
*If banks have merged it mus				
	Y A COPY OF CONTRACT OR LE	ASE AGREEMENT	AND (IF APPLICABLE) POWI	ER OF ATTORNEY.
certificate of ownership, or ti five hundred dollars (\$500.00 This application is submitted	itle papers, are lost, shall be so D) or imprisonment for a term	ubject to a fine of not exceeding thin the Motor Vehic	not less than two hundred rty days or both." • Commission because the	te certificate of ownership, that a dollars (\$200.00) nor more than whereabouts of the title paper for y made that it <u>IS LOST</u> .
It is further certified that the				211 112
	YEAR		VEHICLE IDENTIFICATION	
was physically examined by r	ne and the identification num	ber is as entered	hereon. I certify that I have	compared this number with the
				cate of Ownership and they agree. I
further certify that I have rea	ad and understand this applica	tion and that all s	tatements are correct.	
				CICNATURE OF CO CHARER
DATE SIGNA	ATURE OF TITLED OWNER		BATE	SIGNATURE OF CO-OWNER
	(IF PARTNERSHIP, SO IN	DICATE, IF CORPO	PRATION, GIVE TITLE OF OFF	FICER)
	*Need POW!	ER OF ATTORNEY	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.