

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)	MODEL	YEAR	COLOR	BODY TYPE
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	

#### 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"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

#### NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	MUTUAL CREDIT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	SAF2343243		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	134 FRANKLIN BLVD ADDD		
	CITY, STATE, ZIP CODE	SHELTON CITY GA 45666		
CO-OWNER	NAME	CO-TEST CO-TESTLAST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	1223234354546		
	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