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

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

Code_		lnitia	als			rento	n, NJ 08000-0017
			APPLIC	ATION FOR	CERTIFI	CATE OF OWNE	RSHIP
				PLEASE DESCRIBE	THE VEHICLE	ACCURATELY	
MAKE	OF VE	HICLE (PRINT)	MODEL		YEAR	COLOR	BODY TYPE
COMP 98	765	EHICLE IDENTI	FICATION NUMBER (NO	THE MOTOR NUMBER)		NO.	OF AXLES
ODO!		R READIN	G				гнѕ 🗌
'YES'			Does your vehicle no	w have a lien? (Is you	ır vehicle fina	anced?) 🔲 Yes 🗾	No
						low. If you checked "No", p	rint 'NONE" in the box bel
ENHOLDER	N	ONE		ENHOLDER), IF NO LIEN	PRINT "NONE		
힏		HOLDER CORPO					
LIE	STRE	ET ADDRESS (OF LIENHOLDER				
NAM			S OF OWNER AN	D CO-OWNER BE	LOW	***************************************	
	NAME	Unnnu	NO. (IF BUSINESS-CORP	CODE)			
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	DATE	OF BIRTH				EYE COLOR	SEX
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띪	N.J. D	RIVER LICENSE	NO, (IF BUSINESS-CORP	CODE)			
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11121	\ L	OWNER		DATE	HEIKE	CO-OWNER (if any)	DATE
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OS/SS-7 (R2/09)