

Purchase Price \$ PURCHASE

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) <b>MAKE</b>	MODEL <b>MODEL</b>	YEAR <b>6 YR</b>	COLOR <b>GREEN</b>	BODY TYPE <b>3DOOR</b>
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) <b>SDD3434</b>			NO. OF AXLES <b>12</b>	

#### 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" <b>NONE</b>
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

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

OWNER	NAME <b>ABC LNP TEST</b>		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET ADDRESS		
	CITY, STATE, ZIP CODE		
CO-OWNER	NAME <b>TESTNAME TESTNAME TESTNAMEE</b>		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET <b>TESTADD1 TESTADD1</b>		
	CITY, STATE, ZIP CODE <b>TESTCITY, CT, 324324</b>		

**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