

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
21FDFDD	3332S	2122	WHITE	2DRCOUP
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
999999999999			232	

#### 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"
	MUTUAL CREDIT
	LIENHOLDER CORPCODE
	SAF2343243
STREET ADDRESS OF LIENHOLDER	
134 FRANKLIN BLVD, ADDD, SHELTON CITY, GA, 45666	

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

OWNER	NAME	SHARE CREDIT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	HGHY^6		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET			
	NEW ADDRESS			
CO-OWNER	CITY, STATE, ZIP CODE	GHHHJ IN 23344		
	NAME	TESTCOSDFSDF SDFSDFSDF TWSTCOLAST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	111111111111		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET			
SDFSDF DFDFSDF DS FDFSDFSDFSDF				
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