

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	1ST BERGEN FCU		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	992088338076010		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	939 S MAIN ST		
	CITY, STATE, ZIP CODE	HACKENSACK NJ 06601		
CO-OWNER	NAME			
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)			
	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