

Universal Title Application



Information - Further Instructions on Second Page

Use this form to apply for a New Jersey Title. The applicant (the person signing this application) must be the owner, lienholder, or an authorized representative of the owner/lienholder. Submit this completed application and all supporting documents in person to your local New Jersey Motor Vehicle Commission (MVC) Agency. All applicants or representatives must submit supporting documents, such as **proof of ownership or authorization**, and must provide **proper identification** when submitting this application.

Original Documents: These are required when a release of lien is requested or when a Power of Attorney is used.

 Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders. Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID) 														
Step 1 – Title Transaction Type														
•	Title (New Ow			plica	te Title	✓ Replacem	ent/Correct	ed Title	□Ve	essel T	ītle □ Ad	ld Lien	☐ Remove Lien	
Step 2 – Vehicle Information							Vessel Information							
	ication Number (VIN			Hull Identification Number (HIN)										
ННН	•	•							` ,					
NJ License Plate Number							Year	Make	е		Fuel Type	e		
нннн														
Year	Make	Model					Length (in fe	ength (in feet) Hull Mater						
J	MMM	MMM												
Color	Weight	Body T	vpe	No.	of Axles		Propulsion T	Propulsion Type						
RED	77	2DRC		4		7.500								
	eded on Vehicle Title	able)			Correction Needed on Vessel Title (if applicable)									
		, «pp	,				Contobion Nocada din Vocadi Tilio (ii appiloasio)							
Odometer Information							Check Only if One of These Applies							
Odometer Reading (at time of purchase): Usual mileage (M) – Mileage has exceeded mechanical limitations														
Step 3 – Vehicle/Vessel Owner Information														
Owner Full Name or Entity Name											icense or MVC Business Entity Identification Number			
TY									RTR	RTR				
Address					City/Town			State				Zip Code		
ERRT ERT Co-Owner First Name (if applicable) Co-I					ERRT	/if!:!-	,	KY	an Drive		ERT			
OWNER	t Name (it applicable		ame (if applicable	·)	Co-Own	er Drive	er Licens	e Number (if app	plicable)					
		4.	10	LAS							8 ()			
	ienholder Info	ormatic	n (Co	mple						ehicle				
							siness Entity Identification Number				Telephone Nur	nber		
ЈЈН ННН														
Lienholder Address					City/Town			State			Zip Code			
ННЈН,НН					НЈН ІА					HH				
	epresentative	(Co		NLY if Repr	esentative	is NOT	the C	urren			lder)			
First Name					Last Name				Telephone Number					
Address								1.04-4-			7. 0. 1.			
Address					City/Town			State			Zip Code			
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	uplicate Titles	s (Cned					equirea Do	cument				or Lien	noider)	
For an Individual ☐ Valid Photo Identification ☐ Valid P					ness Entity noto Identification						<u>ienholder</u> LDboto Idoot	ification		
				istration or Insurance Card (Curren			t or			d Photo Identification n Contract or Lease Agreement				
Card (Current or Expired) Expired					ard (Curren				☐ Lien Release Letter (if applicable)					
						/ and/or Lette	r of Authoriz	of Authorization from						
						Be Notarized					Authorization from Entity (Both Must			
	/			(-				,			otarized and Original)			
Step 7 – Recipient Information (For Mail In Applications ONLY – Initial Titles Excluded)														
Method of Return – YOU MUST INCLUDE A PREPAID RETURN AIR BILL WITH YOUR APPLICATION WHEN US MAIL IS NOT SELECTED*														
Mailing Addres					City/Town			State			Zip Code		<u> </u>	
					-						•			
□ US Mail					□ Fode	ral Evarage			 □ UPS			□ Other		
•														
Step 8 – Certification and Signature(s) I, the undersigned, hereby certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am														
I, the under	signed, hereby cer	tify that t	ne abov	e stat	ements mad	te by me are true	e. I am aware t	nat if any c	of the ab	bove sta	atements made	by me are	willfully false, I am	
					subject to	o civil, criminal,	and administr	ative penal	ties.					
s	ignature of Represe	ntative, C	wner, or	Lienh	older	Signat	ture of Co-Own	e of Co-Owner (if applicable)					ate	
Motor Vehicle Commission Use Only:														
Clerk Initial		NMVTIS					Transac	tion Num	nber.					
Check Number and Amount:								Tracking Number:						