

Purchase Price \$ 34543543
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
SDFSDF	5HGFT5	1999	RED	3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)				NO. OF AXLES
345345345				6

ODOMETER READING

4 3 5 4 3 5 TENTHS

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"
	TESTLESSOR
	LIENHOLDER CORPCODE
	213213
	STREET ADDRESS OF LIENHOLDER
	ADD1, ADD2

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	TESTLESSOR		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	213213		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	ADD1 ADD2		
	CITY, STATE, ZIP CODE	CITY1 ID 1312312		
CO-OWNER	NAME	TESTCOOWNER TESTMIDNAME TESTLASTNAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)			
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	TESTADD TESTADD2		
	CITY, STATE, ZIP CODE	SDFSDF, CT, 23423432		

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