

Purchase Price \$ 234234.00
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
MAKE	MODELL	23 YR	WHITE	2DR COUP
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)				NO. OF AXLES
4534534534554				4

ODOMETER READING

H G J H G G 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"
	LIENHOLDER CORP CODE
	STREET ADDRESS OF LIENHOLDER

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	GGG		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	21312GGG		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	GGHGHGHGHGHG SERXCDR		
	CITY, STATE, ZIP CODE	GHGHFT ID 32422		
CO-OWNER	NAME	CO-OWNER MIDDLEO` ` LATS		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	35435435		
	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