APPLICATION FOR DUPLICATE CERTIFICATE OF OWNERSHIP

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL SERVICES
P.O. BOX 017
TRENTON, NEW JERSEY 08666-0017
(609) 292-6500 EXT. 5074

ABOVE SPACE IS FOR OFFICE USE ONLY

INSTRUCTIONS- PLEASE READ CAREFULLY

- 1. This form is to be completed by the titled owner(s). Please type or print clearly.
- 2. A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card and proof of identity (copy of driver's license) must accompany the application. Mail all information to the Trenton Central Office or bring in person to any motor vehicle agency.

1. NAME OF TITLED OWNER _				
OWNER'S NEW JERSEY DRIVER LI	CENSE NUMBER (IF BUSIN	IESS-CORPCODE)		
DATE OF BIRTH	EYE COLOR		SEX	
ADDRESS				
NO. AND STREET		CITY	STATE	ZIP CODE
PHONE: (HOME)				
WHERE DO YOU WANT THE TITLE	E MAILED (IF DIFFERENT T	HAN ABOVE ADDRESS)?	
IF CO-OWNER:				
DATE OF BIRTH	EYE COLOR	SI	X ,	
ADDRESS				
		ESCRIPTION OF VE		
2. LICENSE PLATE NO	MAKE	YEAR	BODY TYPE ZDRCOUP	MODEL
WEIGHT CLASSC	OMPLETE VEHICLE IDENT	IFICATION NO. 666	66666666	
3. ARE THERE ANY ENCUMBRA	ANCES OR LIENS AGAINST	THE VEHICLE AT THIS	PRESENT TIME? YES	_NO
IF "YES", GIVE NAME AND ADDRI	ESS OF LIENHOLDERE'A	RHA TEST AL	RESS2 CITYTES.	r ks ks
NOTE: If the original certificate v	vas issued subject to lien	and lienholder has no	t submitted evidence of sa	tisfaction, a duplicate certificate
of ownership will not be issued u				
*If banks have merged it must be				
*LIENHOLDERS MUST SUPPLY A		EASE AGREEMENT AN	D (IF APPLICABLE) POWER	OF ATTORNEY.
R.S. 39:10-12 "A person who fa	alsely states, in any applic	ation to the Chief Adı	ministrator for a duplicate	certificate of ownership, that a
certificate of ownership, or title	papers, are lost, shall be s	subject to a fine of no	t less than two hundred do	liars (\$200.00) nor more than
five hundred dollars (\$500.00) or	r imprisonment for a term	not exceeding thirty	days or both.	
This application is submitted to t	he Chief Administrator o	f the Motor Vehicle C	ommission because the wh	nereabouts of the title paper for
the motor vehicle described here	ein- owned by the unders	igned IS UNKNOWN a	nd certification is hereby m	nade that it IS LOST.
the motor venicle described here	enr owned by the anders	Suco io ottorio		
It is further certified that the		6666666666		
	YEAR	MAKE	VEHICLE IDENTIFICATION	
was physically examined by me	and the identification nur	nber is as entered her	eon. I certify that I have co	mpared this number with the
numbers shown on the evidence	of ownership and on my	application for a dupl	icate New Jersey Certificate	e of Ownership and they agree. I
further certify that I have read a				
DATE	RE OF TITLED OWNER	DA1	r sig	NATURE OF CO-OWNER
DATE SIGNATU				
			TION, GIVE TITLE OF OFFICE	-N/
	*Need POW	ER OF ATTORNEY if ir	a company name.	

IF NOT FILLED IN ENTIRELY AND ACCOMPANIED BY CHECK OR MONEY ORDER FOR \$60.00 (DO NOT SEND CASH) AND PROOF OF IDENTITY (COPY OF DRIVER'S LICENSE) THIS APPLICATION WILL BE REJECTED.