

Purchase Price \$ <u>67</u> \$
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) MAKE TEST	MODEL MODEL TEST	YEAR 54 YEAR	COLOR GREY	BODY TYPE 3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) GGGGYGY			NO. OF AXLES 12	

ODOMETER READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TENTHS	<input type="checkbox"/>
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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" LEIN NEW
	LIENHOLDER CORP CODE 34534543
	STREET ADDRESS OF LIENHOLDER ADDRESS 1, ADDRESS 2, CITY, KY, 45654

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME FIRST MIDDLE LAST
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)
	DATE OF BIRTH
	EYE COLOR
	SEX
CO-OWNER	NAME FIRST MIDDLE LAST
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)
	DATE OF BIRTH
	EYE COLOR
	SEX
OWNER	STREET ADDRESS 22 ASVFSADGG
	CITY, STATE, ZIP CODE CITY, WISCONSIN, 435345

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