

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) Stan 4 Title Transaction Type													
Step 1 – Title Transaction Type ☑ Initial NJ Title (New Owner) □ Duplicate Title □ Replacement/Corrected Title □ Vessel Title □ Add Lien □ Remove Lien													
, , , , , , , , , , , , , , , , , , , ,										Title LA	JU LICII	- Itelliove Lieli	
Step 2 – V Vehicle Identifi			Vessel Information Hull Identification Number (HIN)										
GHFTYT63		"	iuii iueiitiiicat	ion Numbe	i (min)								
NJ License Plate Number							Year		Make		Fuel Type		
GHGH		,	i cai		mano	mano		T del Type					
Year	Make Model)	Hull Materi	al			
3	MAKE	MODE	:T.				ength (in feet	,					
Color	Weight	Body T	ype	No. of Axle	s	1	Propulsion Typ	oe .					
GREY	HGHH	AWDS		2									
Correction Needed on Vehicle Title (if applicable)							Correction Needed on Vessel Title (if applicable)						
Odometer Information							Check Only if One of These Applies						
Odometer Reading (at time of purchase): WEDWAD													
		Owne	r Intorr	nation		Telephone Numbe	<u>, </u>		Driver Lice	neo or MVC Rue	noce Entity I	dentification Number	
Owner Full Name or Entity Name NAME Telephone No.							•		6756	inse of wive busi	ness Linkly i	dentineation Number	
Address				City/	Town		State					Zip Code	
ADDRESS ADDRESS					ΤΥ			KY			56566		
Co-Owner Firs	t Name (if applicabl	e)		Co-Owner	Last Na	ame (if applicable)	cable) Co-Owner Driver License Number (if applicable)						
Sten 4 - I	ienholder Info	ormatic	on (Cor	nnlete O	NI Y	if Adding or	Removino	ı a l ien	on Vehic	le/Vessel)			
Step 4 – Lienholder Information (Complete ONLY if Adding or Lienholder Name Driver License or MVC Busines										Telephone Nu	mber		
LEIN.TEST YYYCOT													
Lienholder Address					City/Town			State		Zip Code			
ADD1,ADI	02			CI	CITY K				675778				
Step 5 - R	epresentative	Inforr	nation	(Comple	ete O	sentative i	s NOT	the Curre	nt Owner o	r Lienhol	der)		
First Name					Last Name				Telephone Number				
Address				City/	Town		State			Zip Code			
2. 2 =		/=:											
Step 6 - Duplicate Titles (Check All That Apply and Attach Re							uired Dod	cument			or Lient	nolder)	
For an Individual ☐ Valid Photo Identification ☐ Valid Pl					ness <u>⊨ntity</u> noto Identification					<u>Lienholder</u> id Photo Ider	tification		
					istration or Insurance Card (Current o			or				areement	
Card (Current or Expired) Expired											n Contract or Lease Agreement Release Letter (if applicable)		
					of Attorney and/or Letter of Autho						er of Attorney and/or Letter of		
					th Must Be Notarized and Original)				Authorization from Entity (Both Must				
										Be Notarized and Original)			
Step 7 – Recipient Information (For Mail In Applications ONLY – Initial Titles Excluded)													
		<u>/IUST IN</u>	ICLUDE	A PREP	AID R	RETURN AIR BI	LL WITH YO	OUR API	PLICATION	NWHEN US N	MAIL IS NO	OT SELECTED*	
Mailing Addres	SS			City/	Town			State		Zip Code			
☐ US Mail					Fede	eral Express					□ Other		
Step 8 – Certification and Signature(s)													
					ts mad	de by me are true.	am aware th	at if any o	f the above s	tatements mad	e by me are	willfully false, I am	
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 subject to civil, criminal, and administrative penalties.													
Signature of Representative, Owner, or Lienholder Signature								ure of Co-Owner (if applicable)				nte	
Motor Vehicle Commission Use Only:													
Clerk Initials: NMVTIS Checked:							Transaction Number:						
Check Number and Amount:							Tracking	Number	:				