

## **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.

<ul> <li>Originals or Certified Copies: These are required for court documents, such as divorce decrees and court orders.</li> <li>Photocopies, Faxes, or Scans: These are acceptable for photo identification (ID)</li> </ul>														
Step 1 – Title Transaction Type														
☑ Initial NJ Title (New Owner) ☑ Duplicate Title ☑ Replacement/Corrected Title □ Vessel Title □ Add Lien □ Remove Lien														
Step 2 – Vehicle Information								Vessel Information						
Vehicle Identifi				Hull Identification Number (HIN)										
VI7867														
NJ License Plate Number								Year Make				Fuel Typ	e	
HHGHG												,		
Year	Make	Model						Length (in feet) Hull Mate			ı			
8	MAKE		MODEL					3. (,						
Color	Weight	Body Ty		No o	of Axles		Propi	Propulsion Type						
BLUE	7	3D00F	-	4	71 PORICO		Tropulation Type							
-	•			Correction Needed on Vessel Title (if applicable)										
Correction Needed on Vehicle Title (if applicable)								contolion needed on vector ride (ii applicable)						
Odometer Information							Check Only if One of These Applies							
, pr														
Odometer Reading (at time of purchase):														
Step 3 – Vehicle/Vessel Owner Information														
Owner Full Naı	me or Entity Name				···	Telephone Num	umber			Driver License or MVC Business Entity Identification Number				
TEST						·				R5R5				
Address					City/Town			State			Zip Code	)		
DARREE HHGHH					UU				IL		YYY			
` ''					Owner Last Name (if applicable)					Driver Licen	se Number (if	applicable)		
CO-TEST				LAS					77667					
	ienholder Info	ormatio	n (Co	mple										
							ness Entity Identification Number				Telephone	Number		
GHHHG GGFG														
Lienholder Address					City/Town				State Zip Code					
HGH, HGHGH					GFFG				MA		FGFGFG			
Step 5 - R	Representative	Inform	nation	(Co	mplete C	NLY if Repr	resen	tative is	NOT th	ne Currei	nt Owner	or Lienho	lder)	
First Name					Last Name						Telephone Number			
Address					City/Town				State					
Step 6 – D	uplicate Title	s (Chec	k All	That	Apply a	nd Attach Re	equir	ed Docu	uments	/Proof of	Ownersh	ip or Lien	holder)	
For an Individual For a Busine											<u>Lienholder</u>			
				noto Identification							entification			
				istration or Insurance Card (C			`			Loan Contract or Lease Agreement				
Card (Current or Expired) Expired							£ A41: 4: £			☐ Lien Release Letter (if applicable)				
					of Attorney and/or Letter of Both Must Be Notarized a									
applicable) Entity (E					sotn Must	Be Notarized	and C	Original)			Authorization from Entity (Both Must Be Notarized and Original)			
Step 7 – Recipient Information (For Mail In Applications ONLY – Initial Titles Excluded)  Method of Return – YOU MUST INCLUDE A PREPAID RETURN AIR BILL WITH YOUR APPLICATION WHEN US MAIL IS NOT SELECTED*														
		IUS I IN	CLUDE	= A P		KETURN AIR I	BILL V	WITH YO		LICATION		MAIL IS N	OI SELECTED"	
Mailing Addres	SS				City/Town				State		Zip Code			
□ US Mail □ Federal						eral Express	I Express □			UPS □ Othe			r	
Step 8 – Certification and Signature(s)														
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 Pennagantative Owner and impleder														
Signature of Representative, Owner, or Lienholder Signature of Co-Owner (if applicable) Date														
Motor Vehicle Commission Use Only:														
Clerk Initials: NMVTIS Checked:							Tr	ransactio	n Numb	er:				
Check Number and Amount:							Tr	Tracking Number:						