

Purchase Price \$ _____
 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) SDFSS	MODEL 34DFDF	YEAR 2121	COLOR GREEN	BODY TYPE 3DOOR
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) 234243242424324				NO. OF AXLES 8

ODOMETER READING

2 1 2 3 2 1 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" VOLKSWAGEN
	LIENHOLDER CORPCODE WORWERWERWER
	STREET ADDRESS OF LIENHOLDER ADDRESS 12, ADDRESS121, CITYUU, KS, 2343234

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME MUTUAL CREDIT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) SAF2343243		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET 134 FRANKLIN BLVD ADDD		
	CITY, STATE, ZIP CODE SHELTON CITY GA 45666		
CO-OWNER	NAME DSDSDSD SDFDFDFD		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) ERW432324324243244		
	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