

Purchase Price \$ 27300.00

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) CHEVROLET	MODEL SILVERADO	YEAR 2015	COLOR BLK	BODY TYPE PICK UP
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER) 1GCNKREC1FZ439350			NO. OF AXLES 2	

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" ALLY FINANCIAL
	LIENHOLDER CORPCODE 036347460210300
	STREET ADDRESS OF LIENHOLDER PO BOX 8138, COCKEYSVILLE, MD, 21030

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME NEWPORT CONSTRUCTION MANAGEMENT CORP		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 600217231081090		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET 5032 MARLTON PIKE		
	CITY, STATE, ZIP CODE PENNASAUKEN, NJ, 08109		
CO-OWNER	NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	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