## APPLICATION FOR DUPLICATE CERTIFICATE OF OWNERSHIP

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL SERVICES
P.O. BOX 017
TRENTON, NEW JERSEY 08666-0017
(609) 292-6500 EXT. 5074

ABOVE SPACE IS FOR OFFICE USE ONLY

## **INSTRUCTIONS- PLEASE READ CAREFULLY**

- 1. This form is to be completed by the <u>titled owner(s)</u>. Please type or print clearly.
- 2. A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card and proof of identity (copy of driver's license) must accompany the application. Mail all information to the Trenton Central Office or bring in person to any motor vehicle agency.

|  |   | ENSE NUMBER (JE BUSIN  |  |   |                                       |
|--|---|--|--|---|---------------------------------------|
|  |   |  |  | SEX   |                                       |
| ADDRESS  |   |  |  |   |                                       |
|  | NO. AND STREET  |  | CITY   | STATE   | ZIP CODE                              |
|  |   |  |  | (WORK)  |                                       |
| WHERE DO YO  | U WANT THE TITLE  | MAILED (IF DIFFERENT T   | HAN ABOVE ADD  | RESS)?  |                                       |
| F CO-OWNER:  |   |  |  |   |                                       |
| 1a.  | NAME OF CO-OWN  | IER  |  |   |                                       |
|  |   |  |  |   |                                       |
| DA   | TE OF BIRTH   | EYE COLOR  |  | SEX   | <del></del>                           |
| AD   | DRESS   |  |  |   |                                       |
|  |   |  |  |   |                                       |
|  |   | D  | ESCRIPTION OF  | VEHICLE   | MODET                                 |
| 2. LICENSE PL  | LATE NO   | MAKEMAKE   | _YEAR_3  | BODY TYPE AWDS  | MODEL                                 |
| <b>NEIGHT CLASS</b>  | co  | MPLETE VEHICLE IDENTI  | FICATION NO. 🖰   | HFIIIOIOOO  |                                       |
| 3. ARE THER  | E ANY ENCUMBRAI   | ICES OR LIENS AGAINST  | THE VEHICLE AT   | THIS PRESENT TIME? YES_   | NO                                    |
| F "YES", GIVE  | NAME AND ADDRES   | SS OF LIENHOLDER LIE   | IN.TEST F  | ADD2 CITY KS KS   |                                       |
| NOTE: If the or  | riginal certificate wa  | as issued subject to lien a  | ınd lienholder ha  | s not submitted evidence of s   | satisfaction, a duplicate certificate |
| of ownership v   | vill not be issued ur   | itil proof of payment is re  | eceived from the   | lienholder.   |                                       |
|  |   | stated on Lien Release.  |  |   |                                       |
| *LIENHOLDERS   | S MUST SUPPLY A C   | OPY OF CONTRACT OR LE  | ASE AGREEMEN   | Γ AND (IF APPLICABLE) POWE  | R OF ATTORNEY.                        |
|  |   |  |  |   |                                       |
| certificate of o<br>five hundred d<br>This applicatio<br>the motor veh | wnership, or title p<br>lollars (\$500.00) or i<br>n is submitted to th<br>icle described herei | apers, are lost, shall be s<br>imprisonment for a term<br>e Chief Administrator of<br>n-owned by the undersi | ubject to a fine o<br>not exceeding th<br>the Motor Vehic<br>gned <u>IS UNKNOV</u> | f not less than two hundred of<br>irty days or both."<br>The Commission because the work of the |                                       |
|  | or distant  | ł  | MAKE   | GHFTYT6Y66  VEHICLE IDENTIFICATIO   | 56                                    |
| it is further cei  | rtified that the  | YFAR   | MAKE   | VEHICLE IDENTIFICATIO   | N NO.                                 |
|  | examined by me ai   | nd the identification num  | ber is as entered  | hereon. I certify that I have   | compared this number with the         |
| was nhysically   | examined by me a  | of autoprobin and an my  | application for a  | duplicate New Jersey Certifica  | ate of Ownership and they agree.      |
| was physically   | in on the evidence (  | n ownersold and on my.   |  |   |                                       |
| was physically<br>numbers show   |   | d understand this applica  |  |   |                                       |
| was physically<br>numbers show   | that I have read an   | d understand this applica  | ation and that all   | statements are correct.  DATE S   | IGNATURE OF CO-OWNER                  |
| was physically<br>numbers show<br>further certify                      | that I have read an   | d understand this applica  | ation and that all   | statements are correct.   | IGNATURE OF CO-OWNER                  |

IF NOT FILLED IN ENTIRELY AND ACCOMPANIED BY CHECK OR MONEY ORDER FOR \$60.00 (DO NOT SEND CASH) AND PROOF OF IDENTITY (COPY OF DRIVER'S LICENSE) THIS APPLICATION WILL BE REJECTED.