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 titled owner(s). 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.

 NAME OF TITLED OWNER OWNER'S NEW JERSEY DRIVER I 				
DATE OF BIRTH				
	EYE COLOR		SEA	
ADDRESS		CITY	STAT	E ZIP CODE
	(CELL)		(WORK)	
WHERE DO YOU WANT THE TIT				
IF CO-OWNER:				
1a. NAME OF CO-OV	VNER			
	LICENSE NUMBER			
	EYE COLOR			
()				
	D	ESCRIPTION	OF VEHICLE	
2. LICENSE PLATE NO	MAKE	YEAR	BODY TYPE	MODEL
WEIGHT CLASS				
3 ARE THERE ANY ENGLIMER	ANCES OR LIENS AGAINST	THE VEHICLE A	T THIS PRESENT TIME?	YES_ NO
F "YFS". GIVE NAME AND ADD	RESS OF LIENHOLDER AB	CO FEDE	RAL CREDIT UN	NION RANCOCAS NJ NJ
NOTE: If the original certificate	was issued subject to lien a	nd lienholder	has not submitted evide	ence of satisfaction, a duplicate certificate
of ownership will not be issued				•
*If banks have merged it must I				
*LIENHOLDERS MUST SUPPLY A		EASE AGREEME	NT AND (IF APPLICABLE) POWER OF ATTORNEY.
ELECTION DE LA TITO DELLA TITO DE LA TITO DELLA TITO DE LA TITO DE				
certificate of ownership, or title five hundred dollars (\$500.00) o	e papers, are lost, shall be so or imprisonment for a term the Chief Administrator of	ubject to a find not exceeding the Motor Ve	e of not less than two hu thirty days or both." hicle Commission becau	duplicate certificate of ownership, that a undred dollars (\$200.00) nor more than use the whereabouts of the title paper for thereby made that it <u>IS LOST</u> .
It is further certified that the			VEHICLE IDENT	TIFICATION NO
	YEAR	MAKE	VEHICLE IDENT	
was physically examined by me	and the identification num	iber is as ente	ed hereon. I certify that	I have compared this number with the
				Certificate of Ownership and they agree. I
further certify that I have read	and understand this applica	ation and that	iii statements are correc	it.
DATE SIGNATI	JRE OF TITLED OWNER		DATE	SIGNATURE OF CO-OWNER
	(IF PARTNERSHIP, SO IN	IDICATE, IF CO	RPORATION, GIVE TITLE	OFOFFICER)
	*Need POW	FR OF ATTORN	EY if in a company name	e.

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.