

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)	MODEL	YEAR	COLOR	BODY TYPE
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	

ODOMETER READING

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TENTHS	<input type="text"/>
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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"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		
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