

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
6544	7654	2123	GREY	
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)				NO. OF AXLES
1231221234543				12

ODOMETER READING

4 5 6 4 3 2 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"
	NEWLEINER
	LIENHOLDER CORPCODE
	332322323
	STREET ADDRESS OF LIENHOLDER
	ADDE, ADD2

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	MEDHATEST		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	4456		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	ADD1 ADD2		
	CITY, STATE, ZIP CODE	CITYTEST IN 566587		
CO-OWNER	NAME	NAMECO LASTCP		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	5555555555		
	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