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 				
DATE OF BIRTH				
	EYE COLOR			
ADDRESS		CITY	STATE	ZIP CODE
PHONE: (HOME)	(CELL)		(WORK)	
WHERE DO YOU WANT THE TIT				
IF CO-OWNER:	,			
1a. NAME OF CO-O	WNER			
	R LICENSE NUMBER			
	EYE COLOR			
3 =				
		ESCRIPTION OF		
2. LICENSE PLATE NO	MAKE	YEAR	BODY TYPE	MODEL
WEIGHT CLASS	COMPLETE VEHICLE IDENTII	FICATION NO. $\frac{98}{2}$	37654321	
3. ARE THERE ANY ENCUMBE	rances or Liens against ^a	THE VEHICLE AT T	HIS PRESENT TIME? YES_	NO
IF "YES", GIVE NAME AND ADD	RESS OF LIENHOLDER NO.	NE		
				of satisfaction, a duplicate certificate
of ownership will not be issued	until proof of payment is re	eceived from the	ienholder.	
*If banks have merged it must				
*LIENHOLDERS MUST SUPPLY A	A COPY OF CONTRACT OR LE	ASE AGREEMENT	AND (IF APPLICABLE) POV	WER OF ATTORNEY.
certificate of ownership, or title five hundred dollars (\$500.00)	e papers, are lost, shall be so or imprisonment for a term	ubject to a fine o not exceeding th	not less than two hundre rty days or both."	cate certificate of ownership, that a and dollars (\$200.00) nor more than the whereabouts of the title paper for
the motor vehicle described he	roin award by the undersi	aned IS LINKNOW	N and certification is here	by made that it IS LOST.
It is further certified that the		987654321 MAKE VEHICLE IDENTIFICATION NO.		
	YEAR	MAKE	VEHICLE IDENTIFICAT	TION NO.
was physically examined by me	and the identification num	ber is as entered	hereon. I certify that I have	ve compared this number with the
numbers shown on the evidence	ce of ownership and on my a	application for a	luplicate New Jersey Certi	ficate of Ownership and they agree. I
further certify that I have read	and understand this applica	tion and that all s	tatements are correct.	
DATE SIGNAT	URE OF TITLED OWNER		DATE	SIGNATURE OF CO-OWNER
	(IF PARTNERSHIP, SO IN	DICATE, IF CORP	DRATION, GIVE TITLE OFO	FFICER)
	*Need POW!	FR OF ATTORNEY	if in a company name.	

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.