

***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
INFINITI	QX60	2020	GY	4DSD
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)				NO. OF AXLES
5N1DL0MM1LC510829				2

### ODOMETER READING

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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"
	<u>NONE</u>
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

## NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME NISSAN INFINITI LT		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE) 603463525958650		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET PO BOX 254648		
	CITY, STATE, ZIP CODE SACRAMENTO CA 95865		
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**

Y

CO-OWNER (if any)

DATE \_\_\_\_\_

**SIGN  
HERE**

**x**

CO-OWNER (if any)

DATE \_\_\_\_\_

**SIGN  
HERE**

Y

CO-OWNER (if any)

DATE \_\_\_\_\_