ales/Use Tax \$		NJ Motor Vehicle Commission Special Services Titles P.O. Box 017 Trenton, NJ 08666-0017			
		TION FOR	CERTIF	ICATE OF OWNE	RSHIP
	P	EASE DESCRIBE	THE VEHICLE	ACCURATELY	
MAKE WE	E OF VEHICLE (PRINT) MODEL COE 342WE		YEAR 2021	color GREY	BODY TYPE 3DOOR
COM	PLETE VEHICLE IDENTIFICATION NUMBER (NOT THE 376543200	E MOTOR NUMBER)		No. 1	OF AXLES
	METER READING			. — — —	
	ASECHECK "OR "NO" Does your vehicle now h	nave a lien? (Is yo	ur vehicle fin	l	rhs [] No
LIENHOLDER	I checked "yes" PRINT name and address of NAME OF BANK OR FINANCE COMPANY (LIENT LEIN TEST DETAILS LIENHOLDER CORPCODE CORP CODE STREET ADDRESS OF LIENHOLDER ADDRESS TEST, ADREES	OLDER), IF NO LIEN	S,6776		print 'NONE" in the box below
NAM	IE AND ADDRESS OF OWNER AND	CO-OWNER BE	LOW		
m	NAME EKTATEST N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCOIL 123	DE)	-		
OWNER	DATE OF BIRTH			EYE COLOR	SEX
0	TESTADD1 TESTADD2 CITY, STATE, ZIP CODE TESTCITY DC 123456				
1	NAME JOY MADDIE ELIJAH				
K	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCOL	DE)			
CO-OWNER	7654321098 DATE OF BIRTH			EYE COLOR	SEX
0	STREET			BLUE	FEMALE
"	ADD1 ADD2				
CTA:	CITY,NJ,7889 TEMENTOFAPPLICANT(S): The undersi	anod horoby cort	ifice all of the	shows to be true and corr	act and that the identification
numl	bershown on this form has been compared ery particular.				
SIC HE	RE x		SIGN HERE	X	ti
	OWNER	DATE		CO-OWNER (if any)	DATE
SIC		ii	SIGN HERE	<u>x</u>	
00,100	CO-OWNER (if any)	DATE		CO-OWNER (if any)	DATE
05/88	3-7 (R2/09)		13	20.	
			· -		