

Purchase Price \$	W
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
EWB	WER	E4RERT		EFFQWEF
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	
RETRRT				

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"
	LEINTEST
	LIENHOLDER CORPCODE
	COR088
	STREET ADDRESS OF LIENHOLDER
	ADDRE1, ADD2

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME	TESTLESS		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)	CORP24		
	DATE OF BIRTH	EYE COLOR	SEX	
	STREET	ADD ADD2		
	CITY, STATE, ZIP CODE	CITY KS 34324		
CO-OWNER	NAME	ER RF 3E		
	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