

APPLICATION FOR CERTIFICATE OF OWNERSHIP

PLEASE DESCRIBE THE VEHICLE ACCURATELY

MAKE OF VEHICLE (PRINT)	MODEL	YEAR	COLOR	BODY TYPE
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)			NO. OF AXLES	

ODOMETER READING

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"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		
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 number 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