| 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 OF | FICE USE ONLY |
| INS | TRUCTIONS- PLEASE REA | D CAREFULLY | |
| 1. This form is to be completed by the titled own | er(s). Please type or print cl | early. | |
| 2. A \$60.00 check or money order (Do No | | | expired registration certificate or |
| insurance identification card must accompa | | | |
| in person to any motor vehicle agency along | | | |
| | | opy of Driver 5 Licen | |
| 1. NAME OF TITLED OWNER | | | |
| OWNER'S NEW JERSEY DRIVER LICENSE NUMBER | | | |
| | | | |
| DATE OF BIRTH EYE COLO ADDRESS | | _ 5LA | |
| NO. AND STREET | CITY | STATE | ZIP CODE |
| PHONE: (HOME) | | | |
| | | (WURK) _ | |
| WHERE DO YOU WANT THE TITLE MAILED (IF DIF | ERENT THAN ABOVE ADDR | ESS)? | |
| IF CO-OWNER: | | | |
| 1a. NAME OF CO-OWNER | | | |
| NEW JERSEY DRIVER LICENSE NUMBER | | 0.51/ | |
| DATE OF BIRTH EYE COLO | | | |
| ADDRESS | | | |
| | | | |
| | DESCRIPTION OF VE | | |
| 2. LICENSE PLATE NO MAKE | | | MODEL |
| WEIGHT CLASSCOMPLETE VEHICLE | | | |
| 3. ARE THERE ANY ENCUMBRANCES OR LIENS AG | | | YES NO |
| IF "YES", GIVE NAME AND ADDRESS OF LIENHOLD | | | |
| NOTE: If the original certificate was issued subject | | | ce of satisfaction, a duplicate certificate |
| of ownership will not be issued until proof of pay | | enholder. | |
| *If banks have merged it must be stated on Lien F | lelease. | | |
| *LIENHOLDERS MUST SUPPLY A COPY OF CONTRA | ACT OR LEASE AGREEMENT | AND (IF APPLICABLE) F | POWER OF ATTORNEY. |
| | | | |
| | | | |
| R.S. 39:10-12 "A person who falsely states, in an | | | |
| certificate of ownership, or title papers, are lost, s | - | | dred dollars (\$200.00) nor more than |
| five hundred dollars (\$500.00) or imprisonment for | or a term not exceeding thin | ty days or both." | |
| | | | |
| This application is submitted to the Chief Adminis | | | |
| for the motor vehicle described herein- owned by | the undersigned IS UNKNC | DWN and certification | is hereby made that it <u>IS LOST</u> . |
| | | | |
| It is further certified that the | | | |
| YEAR | MAKE | VEHICLE IDENTIFICA | ATION NO. |
| was physically examined by me and the identifica | tion number is as entered h | ereon. I certify that I h | nave compared this number with the |
| numbers shown on the evidence of ownership an | | | |
| I further certify that I have read and understand t | | • | |
| The read and understand t | ins application and that all s | | |
| | | | |
| DATE SIGNATURE OF TITLED OWNER | DA | TE | SIGNATURE OF CO-OWNER |
| | | | |
| | , SO INDICATE, IF CORPORA | HON, GIVE THE OF U | |

*Need POWER 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) THIS APPLICATION WILL BE REJECTED.