STATE OF NEW JERSEY

609-292-6500 ext. 5069

Instructions for Disposal of Abandoned Mobile Homes

These instructions concern the disposition of any tangible goods, chattels, manufactured or mobile homes, or other personal property left upon a premise by a tenant. These instructions are in accordance with P.L. 1999 c.340 and supplement N.J.S.A 2A:18-73 and N.J.S.A. 39:10-1 et seq. Please note that the mobile home must have been abandoned in the State of New Jersey.

Upon completion of the below instructions, mail required documents to the address listed below. Upon receipt and approval of the request, a certificate of title will be issued to the property owner/landlord.

Proof of ownership / **lienholder information** must be furnished by the New Jersey MVC. Lien Search Application (DO-22) with a \$15 check or money order payable to "NJMVC" is required to be submitted. If there is no record in New Jersey, we require a certified title search from the known state as well as certified searches from the five states that surround

	New Jersey; New York, Delaware, Pennsylvania, Connecticut and Maryland.
	STOP HERE : Once step 1 has been completed, please mail the DO-22 form to Po Box 146 Trenton NJ 08666. DO NOT CONTINUE until you receive the lien search information back from the NJ Motor Vehicle Commission.
2	"Abandoned Mobile Home Notice" (form OS/SS-121) must be sent by Certified Mail, Return Receipt requested. Send to the owner/tenant and lienholder (if applicable) of the mobile home that is listed on the returned Lien Search. A copy of the notice and the original signed return receipt(s) is required to be submitted. If notice is returned undeliverable, the original, unopened envelope with post office notation is required to be submitted.
3	A copy of the Warrant of Removal or an original written notice from the owner/tenant voluntarily relinquishing possession of the premises is required to be submitted.
4	A fully completed "Application for Certificate of Title" (form OS/SS-7) is required to be submitted.
5	A fully completed "Application to Title an Abandoned Mobile Home" (form OS/SS-62) is required to be submitted. Note: This application must be notarized.
6	If the mobile home is missing the vehicle identification number (VIN), then a fully completed, and notarized "Affidavit for Mobile Home Missing Vehicle Identification Number" (form OS/SS-122) is required to be submitted.
7	A \$60.00 check or money order made payable to: "NJ MVC" is required to be submitted.

All NJMVC Corpcodes must be listed under the main business name not the "D.B.A or C/O" name.

NJ Motor Vehicle Commission Special Title/Abandoned Unit 225 East State Street P.O. Box 017 Trenton, New Jersey 08666-0017

New Jersey Motor Vehicle Commission

Business & Government Services P.O. Box 146 Trenton, NJ 08666-0146 Phone: 609-292-4102

TITLE / LIEN SEARCH REQUEST

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the requestor. No other form of request will be accepted. The proper fee(s) must accompany each request in the form of a check or money order payable to the New Jersey Motor Vehicle Commission. (DO NOT SEND CASH) Once completed, mail this form to the New Jersey Motor Vehicle Commission, Business & Government Services Unit at the above address. Please contact us at the above phone number for any questions or to obtain the status of a request.

ALL APPLICANTS MUST COMPLETE SECTIONS A, B & D OF THIS FORM. (Please print clearly)

FEE: \$15 PER RECORD SEARCH

SECTION A - R	Requesto	r Information						
Applicant's Name:								
Business Name (if applicable): Phone #:			ne #:	Your File or Claim #:				
Street Address:					,			
City:				State:			Zip Code:	
Applicant's Driver Lic	Applicant's Driver License Number (PHOTOCOPY OF YOUR DRIVER LICENSE MUST BE INCLUDED):							
SECTION B - I	nformatio	n Requested	(all fields	in this	section m	ust be com	pleted)	
I am requesting inform	mation on	MY OWN RECORD	ANOTHER' RECORD*	0	hicle / Hull Ide	ntification Numbe	er (VIN / HIN):	
Vehicle / Vessel Mod	lel Year:			Vehicle	e / Vessel Make	e:		
CHECK ONE	\$1	Lien Search 5 PER SEARCH	[Search R SEARCH	

** IF YOU ARE REQUESTING A RECORD THAT IS NOT YOUR OWN, YOU MUST COMPLETE SECTION "C".

ALL APPLICANTS MUST READ SECTION "D" AND SIGN THE APPLICATION ON PAGE 3

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^{***} If you check number 10, "A Notarized Authorization to Release Personal Motor Vehicle Information (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law."



New Jersey Motor Vehicle Commission

TITLE / LIEN SEARCH REQUEST

SECTION C - PURPOSE FOR THE REQUEST (required ONLY when requesting another's record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

 For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a federal, State or local agency in carrying out its functions.
person of entity deting on bendin of a reactal, etate of local agency in earlying out its functions.
If acting on behalf of a federal, State or local agency, please include a copy of an individual release consent form, the agreement with the client, or other proof that you have been retained to conduct an investigation.
 For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records form the original owner records of motor vehicle manufacturers.
Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls or advisories, etc.
 For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;
 to verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.
Please include a copy of the individual release consent form.
 For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, State or local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, State or local court.
Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no docket number has been assigned.
 For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.
Please include a description of the initiative or research on official letterhead.
 For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
Please include supporting documents for intended use.
 For use in providing notice to the owners of towed or impounded vehicles.
Please include proof of authorization to tow or impound vehicles.

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New Jersey Motor Vehicle Commission Business & Government Services P.O. Box 146 Trenton, NJ 08666-0146

Phone: 609-292-4102

TITLE / LIEN SEARCH REQUEST

For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act, " 49 U.S.C. App. §2710 et seq. **Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client. **For use in connection with the operation of private toll transportation facilities.** **If your request does not fall under one of the above reasons:**
agreement if done on behalf of a client. For use in connection with the operation of private toll transportation facilities.
If your request does not fall under one of the above reasons:
For use by any requestor, if the requestor demonstrates it has obtained the <u>notarized</u> written consent of the individual to whom the information pertains.
For use by an organ procurement organization designated pursuant to 42 U.S.C. §1320b-8 to serve in the State of New Jersey, or any donor registry established by any such organization, exclusively for the purposes of determining, verifying, and recording organ and tissue donor designation and identity.
Please include proof that your organization is authorized to serve in one of the capacities listed.
Explanation of reason Please in explain in detail your reason for requesting the information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

DO-22 (R12/18) Page 3 of 4

New Jersey Motor Vehicle Commission

Business & Government Services P.O. Box 146 Trenton, NJ 08666-0146 Phone: 609-292-4102

TITLE / LIEN SEARCH REQUEST

SECTION D - TERMS AND CONDITIONS

The disclosure and use of the personal information contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Protection Act" ("NJDPPA"), N.J.S.A. 39:2-3.3 et seq. The NJDPPA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

¹ "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. ("NJDPPA") and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPA.

I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another's record, I certify that:

- Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only - signature	Date	
stamps are unacceptable)		

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		PLEASE DESCRIBE 1	THE VEHICLE	ACCURATELY	
VAKE OF	F VEHICLE (PRINT) MODE	EL	YEAR	COLOR	BODY TYPE
OMPLE ⁻	TE VEHICLE IDENTIFICATION NUMBER	(NOT THE MOTOR NUMBER)		NO.	. OF AXLES
DOME	ETER READING				
				TEN	THS
	CHECK R "NO" Does your vehicle	e now have a lien? (Is you	ır vehicle fin	anced?) Yes	No
	ecked "yes" PRINT name and ad	dress of bank or finance	company be	elow. If you checked "No",	print 'NONE" in the box be
됬 v	IAME OF BANK OR FINANCE COMPAN	Y (LIENHOLDER), IF NO LIEN	PRINT "NONE	"	
	IENHOLDER CORPCODE				
	STREET ADDRESS OF LIENHOLDER				
_	AND ADDRESS OF OWNER	AND CO-OWNER BE	LOW		
N/	AME				
- 11	.J. DRIVER LICENSE NO. (IF BUSINESS-C	ORPCODE)			
OWNER D	ATE OF BIRTH			EYE COLOR	SEX
	TREET				
CI	ITY, STATE, ZIP CODE				
N/	AME				
er N	.J. DRIVER LICENSE NO. (IF BUSINESS-C	ORPCODE)			
SO-OWNER	ATE OF BIRTH			EYE COLOR	SEX
	TREET				
ັ ∐_					
	ITY, STATE, ZIP CODE				
TATEN	MENTOF APPLICANT(S): The u	ndersigned hereby certif	ies all of the	above to be true and corr	rect and that the identifica
	shown on this form has been con particular.	npared to the identification	n numbero	n the motor vehicle and fu	rther certifies that they ag
SIGN			SIGN		
HERE	x		HERE	x	
	OWNER	DATE		CO-OWNER (if any)	DATE
SIGN			SIGN		
HERE	^		HERE	X	
	CO-OWNER (if any)	DATE		CO-OWNER (if any)	DATE

OS/SS-7 (R2/09)

NJ MVC/Abandoned Unit P.O. Box 017 Trenton, NJ 08666-0017

STATE OF NEW JERSEY

609-292-6500 ext. 5069

Date of Application:

	Last Name	First Name	Middle Initial				
Applicant	Street Address NJ Driver License No. (if Business-Corpcode)	City	State Zip				
Mobile Home	Year Make Location Mobile Home Abandoned	Vehicle Identification Number	er (VIN)				
Σ	Owner Name (Last, First) Date notice was mailed to the owner, and lienhold	Owners Address					
Ownership	Ascertained Ownership Information From (che	eck and complete statements as necessary): wnership information received: (Describe in full, what	you did and attach letters or other				
Lienholder	Name of Lienholder Address of Lienholder						
I, the Admir this a valida hereir in the	the undersigned, in accordance with the provisions of P.L. 1999.c.340, and the rules of the Chief dministrator of the Motor Vehicle Commission, hereby certify that the information furnished in his application and attachments are true and is offered to the Motor Vehicle Commission to allidate the issuance to me of a title of ownership to the abandoned mobile home described erein under the provisions of applicable State law. I am aware that false swearing is a crime in the State and subject to prosecution. Signature of Applicant Date						



STATE OF NEW JERSEY

609-292-6500 ext. 5069

Affidavit for Mobile Home Missing Vehicle Identification Number (VIN)

I the undersigned, hereby certify that, aft below, there is no visible serial number a	fter a physical examination of the mobile home described available.
Year of Mobile Home:	Make of Mobile Home:
Model or Series of Mobile Home:	
I certify that the foregoing statement made statement made by me is willfully false, I	nde by me is true. I am aware that if the foregoing I am subject to punishment.
Notary seal here	Print Name
	Signature
	Date
FOR	OFFICIAL USE ONLY
A pre-numbered V.I.N. will be assigned to at the time the mobile home is titled.	to the mobile home by the N.J. Motor Vehicle Commission
VIN Assigned:	
Assigned by:Employee's Nam	Date Assigned:



P.O. Box 017 Trenton, NJ 08666-0017 Phone: 609-292-6500 x5069 mvc.specialtitle@mvc.nj.gov

ABANDONED MOBILE HOME NOTICE

Date		F	Full Name of Property Owner
		$\frac{1}{S}$	Street Address
		-	City, State, Zip Code
Full Name of Mobile Home Owner			
Street Address			
City, State, Zip Code			
Dear:			
This is to advise you that your mobile home	Make	Year	_,
is deemed to have been abandoned at		1	. 1 1
since	Address v	where mobile home	e is located
Date left abandoned (exp A mobile home is deemed to have been abandoned, mobile home upon the premises with no intention of 1999.c.340), ownership of such a mobile home may and, if applicable, the lienholder and application to t	if the landlord/prope f asserting any furthe be transferred to the	er claim to the mob clandlord/property	ile home. Under New Jersey Law (P.L.
I am, therefore, by means of this certified return received your mobile home (if applicable) remove your mobiletter. If you, or your lienholder, do not do so, i shall transferred to me under authority of the New Jersey	le home from my about apply to the State of	ove referenced pro of New Jersey to ha	pperty within 75 days of receipt of this
		Sincerely,	
		Signature	of Property Owner
CC:Lienholder name (if applicable)			
Street Address			
City, State, Zip Code			To be sent certified to

To be sent certified to the vehicle Owner(s)



P.O. Box 017 Trenton, NJ 08666-0017 Phone: 609-292-6500 x5069 mvc.specialtitle@mvc.nj.gov

ABANDONED MOBILE HOME NOTICE

Date		F	Full Name of Property Owner
		S	Street Address
		Ō	City, State, Zip Code
Full Name of Mobile Home Owner			
Street Address			
City, State, Zip Code			
Dear :			
This is to advise you that your mobile home	Make	Year	_,
is deemed to have been abandoned at			
since	Address v	where mobile home	e is located
Date left abandoned (exp	iration of lease)	•	
A mobile home is deemed to have been abandoned, mobile home upon the premises with no intention of 1999.c.340), ownership of such a mobile home may and, if applicable, the lienholder and application to to I am, therefore, by means of this certified return receyour mobile home (if applicable) remove your mobiletter. If you, or your lienholder, do not do so, i sha transferred to me under authority of the New Jersey	asserting any further be transferred to the che State of New Jers eipt requested/certificel home from my ab ll apply to the State of	r claim to the mob landlord/property sey. cate of mailing, de ove referenced pro of New Jersey to ha	owner upon proper notice to the owner manding that you and/or the lienholder of operty within 75 days of receipt of this
		Sincerely,	
			
CC:		Signature	of Property Owner
Lienholder name (if applicable)			
Street Address			
City, State, Zip Code			To be sent certified to

To be sent certified to the vehicle's Lien Holder (if applicable)



P.O. Box 017 Trenton, NJ 08666-0017 Phone: 609-292-6500 x5069 mvc.specialtitle@mvc.nj.gov

ABANDONED MOBILE HOME NOTICE

Date		Ī	Full Name of Property Owner
		5	Street Address
		-	City, State, Zip Code
Full Name of Mobile Home Owner			
Street Address			
City, State, Zip Code			
Dear:			
This is to advise you that your mobile home	 Make	Year	,Vehicle Identification Number
is deemed to have been abandoned at	Address v	where mobile hom	e is located
since	Address		e is located
Date left abandoned (ex	xpiration of lease)		
A mobile home is deemed to have been abandoned mobile home upon the premises with no intention 1999.c.340), ownership of such a mobile home ma and, if applicable, the lienholder and application to I am, therefore, by means of this certified return reyour mobile home (if applicable) remove your moletter. If you, or your lienholder, do not do so, i sh transferred to me under authority of the New Jerse	of asserting any further by be transferred to the othe State of New Jerseceipt requested/certificially home from my about apply to the State of the	r claim to the mob- landlord/property ey. cate of mailing, de ove referenced pro of New Jersey to h	owner upon proper notice to the owner emanding that you and/or the lienholder or operty within 75 days of receipt of this
		Sincerely	,
CC:		Signature	of Property Owner
Lienholder name (if applicable)			
Street Address			
City, State, Zip Code			Retain by the property owner for later use with

the returned certified receipt. (Step 2)



P.O. Box 017 Trenton, NJ 08666-0017 Phone: 609-292-6500 x5069 mvc.specialtitle@mvc.nj.gov

ABANDONED MOBILE HOME NOTICE

Date]	Full Name of Property Owner	
		;	Street Address	
		į	City, State, Zip Code	
Full Name of Mobile Home Owner				
Street Address				
City, State, Zip Code				
Dear:				
This is to advise you that your mobile home	Make	,Year	,	
is deemed to have been abandoned at	Address	where mobile hom	ne is located	
Since Date left abandoned (e:		·	3 10 100	
A mobile home is deemed to have been abandone mobile home upon the premises with no intention 1999.c.340), ownership of such a mobile home mand, if applicable, the lienholder and application to I am, therefore, by means of this certified return reyour mobile home (if applicable) remove your moletter. If you, or your lienholder, do not do so, i stransferred to me under authority of the New Jerse	of asserting any furth- ay be transferred to the o the State of New Jer eccipt requested/certifobile home from my abhall apply to the State	er claim to the mole landlord/property sey. icate of mailing, depove referenced proof New Jersey to he	oile home. Under New Jersey Law (P.L. owner upon proper notice to the owner emanding that you and/or the lienholder of operty within 75 days of receipt of this have ownership of your mobile home	
		Sincerely	,	
CC:		Signature	e of Property Owner	
Lienholder name (if applicable)				
Street Address				
City, State, Zip Code			To be retained for	

To be retained for applicants records