



New Jersey Motor Vehicle Commission

P.O. Box 017
Trenton, NJ 08666-0017

STATE OF NEW JERSEY
1-609-292-6500 ext. 5070

Application for Repossession Certificate of Ownership

Certification of Compliance with Article 9 of the New Jersey Uniform Commercial Code

The vehicle described below was repossessed on date: _____ and was disposed of pursuant to the provisions of Article 9 of the New Jersey Uniform Commercial Code on the date shown below.

Secured	Name of Secured Party			
	Street Address	City	State	Zip

Debtor	Name of Debtor			
	Street Address	City	State	Zip

Vehicle	Vehicle Identification Number	Body Type	Present Odometer Reading	
	Year	Make	Model	Color

Note: If the lienholder/secured party is taking title, the below section must be completed and signed.

Title Transferee	Name of Buyer or Lienholder taking title		Date of Sale	
	Street Address	City	State	Zip
	Driver License No. (If business, corpcode)	Sex	Eye Color	Date of Birth
	Signature of Buyer or Lienholder taking title:			

I, the undersigned, do hereby certify that I am the secured party mentioned in the foregoing application, that the repossessed vehicle has been disposed of pursuant to the provisions of Article 9 of the New Jersey Uniform Commercial Code and that the information contained herein is true to the best of my knowledge.

Signature and title of secured party : _____

Please note: N.J.S.A. 39:10-11 required that this assignment and New Jersey title papers be presented to the NJ Motor Vehicle Commission within 10 days; failure to do so will result in a penalty of \$25, in addition to the filing and issuing fee of the new title.

Forward a \$60.00 check or money order made payable to "NJMVC", with a copy of the security agreement, notice of sale to the owner/debtor, and the certificate of ownership. **Only mail documents to :** NJ Motor Vehicle Commission – Repossession Unit, 225 E. State Street, P.O. Box 017, Trenton, NJ 08666-0017.

Purchase Price \$ _____
Sales/ Use Tax \$ _____
Ex Code Initials

Dealer Tax Stamp
