

**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 OFFICE USE ONLY

**INSTRUCTIONS- PLEASE READ CAREFULLY**

1. This form is to be completed by the **titled owner(s)**. Please type or print clearly.
2. **A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card must accompany the application.** Mail this information to the Trenton Central Office or bring in person to any motor vehicle agency along with Proof of Identity (**Copy of Driver's License**).

1. NAME OF TITLED OWNER \_\_\_\_\_  
OWNER'S NEW JERSEY DRIVER LICENSE NUMBER (IF BUSINESS-CORPCODE) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_  
WHERE DO YOU WANT THE TITLE MAILED (IF DIFFERENT THAN ABOVE ADDRESS)? \_\_\_\_\_

**IF CO-OWNER:**

1a. NAME OF CO-OWNER \_\_\_\_\_  
NEW JERSEY DRIVER LICENSE NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**DESCRIPTION OF VEHICLE**

2. LICENSE PLATE NO. \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ BODY TYPE \_\_\_\_\_ MODEL \_\_\_\_\_  
WEIGHT CLASS \_\_\_\_\_ COMPLETE VEHICLE IDENTIFICATION NO. \_\_\_\_\_  
3. ARE THERE ANY ENCUMBRANCES OR LIENS AGAINST THE VEHICLE AT THIS PRESENT TIME? YES \_\_\_\_ NO \_\_\_\_  
IF "YES", GIVE NAME AND ADDRESS OF LIENHOLDER \_\_\_\_\_

**NOTE:** If the original certificate was issued subject to lien and lienholder has not submitted evidence of satisfaction, a duplicate certificate of ownership will not be issued until proof of payment is received from the lienholder.

\*If banks have merged it must be stated on Lien Release.

\*LIENHOLDERS MUST SUPPLY A COPY OF CONTRACT OR LEASE AGREEMENT AND (IF APPLICABLE) POWER OF ATTORNEY.

R.S. 39:10-12... "A person who falsely states, in any application to the **Chief Administrator** for a duplicate certificate of ownership, that a certificate of ownership, or title papers, are lost, shall be subject to a fine of not less than two hundred dollars (\$200.00) nor more than five hundred dollars (\$500.00) or imprisonment for a term not exceeding thirty days or both."

This application is submitted to the **Chief Administrator of the Motor Vehicle Commission** because the whereabouts of the title paper for the motor vehicle described herein- owned by the undersigned **IS UNKNOWN** and certification is hereby made that it **IS LOST**.

It is further certified that the \_\_\_\_\_  
YEAR MAKE VEHICLE IDENTIFICATION NO.

was physically examined by me and the identification number is as entered hereon. I certify that I have compared this number with the numbers shown on the evidence of ownership and on my application for a duplicate New Jersey Certificate of Ownership and they agree. I further certify that I have read and understand this application and that all statements are correct.

DATE SIGNATURE OF TITLED OWNER DATE SIGNATURE OF CO-OWNER

(IF PARTNERSHIP, SO INDICATE, IF CORPORATION, GIVE TITLE OF OFFICER)

\*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.**