



## Application for the Release of a Title from Lienholder

Please utilize this form to request a Lienholder release a title with a Lien to the MVC, in order to re-title the vehicle in New Jersey with a Lien.

Description of Vehicle					
Make	Year	Model	Ve	ehicle Identification Number	
Name of Titled Owner					
Owner's NJ Driver Lice	ense Number (If Busir	ness- Corp code or EIN	)		
Date of Birth	Eye Color	Gender			
Mailing Address:					
City	Sta	te	Zip		
Owner's Phone Numbe	r			Account Number	

## **Instructions for Lienholder:**

The above person has applied for a New Jersey Certificate of Ownership (title) and registration. We cannot process the application unless you release the title.

This notice is being forwarded to you by the applicant at our request. Please mail the title to the location listed below, a New Jersey Certificate of Ownership showing your interest in the vehicle will then be issued in the name of the applicant and returned to you. A self-addressed envelope should be enclosed with the title to assure prompt return of the encumbered New Jersey Certificate of Ownership.

Please <u>mail this form and title</u> to the Vehicle Center identified below. When mailing these documents, you should simultaneously <u>notify the applicant</u> so that he/she may then make an appointment with the Vehicle Center to complete the processing of the New Jersey title and registration. If the title cannot be released, please notify the applicant and send a copy of your reply to the location listed below.

Applicant please select an MVC Vehicle Center you'd like the title mailed to: