



New Jersey Motor Vehicle Commission

Duplicate Title Requirements for No Proof of Ownership (Previously Registered)

The purpose of this procedure is to obtain a duplicate certificate of ownership for your vehicle when no proof of ownership is available.

If the vehicle has been registered in the state of New Jersey but a copy of the registration card or insurance documents are no longer available, the following steps are required:

1. The applicant must furnish a "Vehicle Registration Application Request" Form DO-11A along with a \$15.00 check or money order made payable to "NJMVC" (no cash).

STOP HERE: Once step 1 has been completed, please mail the DO-11A form to the Certified Information Unit Po Box 146 Trenton NJ 08666. **DO NOT CONTINUE** until you receive the registration search information back from the NJ Motor Vehicle Commission. Once a response is received, you may continue to step 2.

2. A completed Application for duplicate Certificate of Ownership OS/SS-52.
3. A check or money order in the amount of \$60.00 made payable to NJMVC.
4. Two color photographs front and back, for the vehicle which a duplicate title is requested. Photographs cannot cut off any portion of the vehicle.

NOTE: The commission policy is to mail the Certificate of Ownership to the owner or lienholder of record. If you are an Owner/Lienholder/Leasing Company requesting that the Certificate of Ownership be mailed elsewhere, please include a self-addressed envelope and a brief explanation.

Mail all required documents to:

New Jersey Motor Vehicle Commission
Special Titles Section/Duplicate Titles
PO Box 017
Trenton, NJ 08666-0017

If you have any questions regarding this procedure, please contact our office at (609) 292-6500 extension 5074.

On the Road to Excellence
www.njmvc.gov

**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.

VEHICLE REGISTRATION APPLICATION REQUEST

All requests for registration records must be submitted on form DO-11A. One record search per form. This form may be photocopied for your convenience. No other form of request will be accepted. Proper fee must accompany request form. Make check or money order (**DO NOT SEND CASH**) payable to the New Jersey Motor Vehicle Commission.

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO OBTAIN INFORMATION
(PLEASE PRINT CLEARLY)**

Requester Name: _____ Phone Number: _____

Business Name (if applicable): _____ Your Claim or File #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

REQUESTER DRIVER LICENSE NUMBER: _____
(PHOTOCOPY OF CURRENT DRIVER LICENSE MUST BE INCLUDED)

I am requesting information on: (CHECK ONE) MY OWN RECORD ANOTHER'S RECORD

License Plate Number: _____ Vehicle Identification Number _____

Name: _____ NJ Driver License#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

CHECK INFORMATION YOU REQUIRE:

- Insurance Information Registration Expiration Date
 Name and Address of Registrant Vehicle Description
 License Plate Number

DATE YOU WANT COVERED	MONTH	DAY	YEAR

This request is being made for the following reason(s): (Indicate number of appropriate use from Page 2)

Explain in detail your reason for requesting the information and how you plan to use the information. Attach any supporting documentation.

If involving a lawsuit, please state your relationship to the case and type of lawsuit involved:

FEE: \$15 per record search

The disclosure and use of the personal information (1) contained in the record you have requested is governed by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.3 et seq. The "Drivers' Privacy Protection Act" 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.

You may either print the form on both sides of a single sheet or print and attach the two separate sheets. Both pages 1 and 2 must be completed and submitted for your request to be considered.

REQUESTER'S PRINTED NAME AND SIGNATURE ARE REQUIRED ON NEXT PAGE.

Requester's Name: _____
PRINT NAME

USES PERMITTED AS SET FORTH IN N.J.S.A. 39:2-3.4(c)

1. 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 from the original owner records of motor vehicle manufacturers.
2. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only:
 - a. to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - b. 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 of security interest against the individual.
3. 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-regulatory 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.
4. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
5. 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.
6. For use in providing notice to the owners of towed or impounded vehicles.
7. 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.
8. For use in connection with the operation of private toll transportation facilities.
9. For use by any requester, if the requestor demonstrates it has obtained the notarized written consent of the individual to whom the information pertains. Must attach Notarized Authorization To Release Personal Motor Vehicle Information form DO-21A.

I certify that I will use any personal information contained in the record(s) I have requested only as permitted by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.4(c). I further certify that all the foregoing statements are true to the best of my knowledge. I understand that if any of the statements are willfully false, I am subject to punishment.

Date: _____

SIGNATURE OF REQUESTER
(Original Signature Only - Signature Stamps Are Unacceptable)