



New Jersey Motor Vehicle Commission

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

STATE OF NEW JERSEY
609-292-6500 ext. 5063

Fee \$60.00 (\$85.00 if Lien)

Application for Salvage Certificate of Title

Vehicle	Vehicle Identification Number			Body Type
	Year	Make	Model	Color

Actual present true mileage (Odometer reading):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner	Last Name		First Name		Middle Initial
	Street Address		City	State	Zip
	NJ Driver License No. (if Business-Corpcode)				

Co-Owner	Last Name		First Name		Middle Initial
	Street Address		City	State	Zip
	NJ Driver License No. (if Business-Corpcode)				

Lienholder	Lienholder Name				
	Address		City	State	Zip
	Lienholder Corpcode (15 digit)				

Statement of how vehicle was acquired and the type of loss suffered (fire, collision, etc.).

I, the undersigned, hereby certify the above information is true and correct to the best of my knowledge. I also certify that I have compared the identification number on this application with that on the vehicle and found that they agree in every particular.

X _____ / _____
Owner Signature Date

X _____ / _____
Co-Owner Signature Date

Affix Stamp