

## STATE OF NEW JERSEY

1-888-486-3339 ext. 5070 (in state) 1-609-292-6500 ext. 5070 (out of state)

## **Application for Repossession Certificate of Ownership**

Certification of Compliance with			
he vehicle described below was repossessed rovisions of Article 9 of the New Jersey Uniform			of pursuant to the
Name of Secured Party			
Street Address	City	State	Zip
Name of Debtor			
Street Address	City	State	Zip
Vehicle Identification Number	Body Type	Present Odo	ometer Reading
Year Make	Model	Color	
Note: If the lienholder/secured party is	taking title, the below	section must be comple	eted and signed.
Name of Buyer or Lienholder taking title		Date of Sale	
Street Address  Driver License No. (If business, corpcode)	City	State	Zip
Driver License No. (If business, corpcode)	Sex	Eye Color	Date of Birth
Signature of Buyer or Lienholder taking title	e:		
, the undersigned, do hereby certify that I am the secure disposed of pursuant to the provisions of Article serin 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 a commission within 10 days; failure to do so will result			
Forward a \$60.00 check or money order made pay wner/debtor, and the certificate of ownership. <b>Only</b> E. State Street, P.O. Box 017, Trenton, NJ 08666-	mail documents to: NJ M		
Purchase Price \$	Dealer Tax Stan	np	
Sales/ Use Tax \$			
Ex Code Initials			
S/SS-57 (R7/09)			