



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): ■■■■■■■■■■ Tenth:

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