



## **Instructions for Disposal of Motor Vehicles Abandoned at New Jersey Repair Facilities**

New Jersey law provides that if a motor vehicle is abandoned at your repair facility, you may have it removed and stored, you may sell it at a public or private sale, or you may cause a junk title to be issued (N.J.S.A. 39:10A-9 et seq.).

This packet of materials contains the documents you need to either **1)** sell an operable motor vehicle, or **2)** apply for a Junk Certificate of Title. Unless you are a New Jersey licensed motor vehicle dealer, you may not take title to the vehicle yourself.

If a vehicle has been left at a facility for more than 60 days without your consent, or for more than 60 days after you notified the owner that repairs have been complete, you may deem the vehicle to be abandoned. If the vehicle is operable and you wish to sell it, or if you wish to obtain a Junk Certificate of Title, the following procedures must be followed:

**1**

**Proof of ownership / lienholder information** must be furnished by the New Jersey MVC. Lien Search Application (DO-22) with a \$15 check or money order payable to "NJMVC" is required to be submitted. If there is no record in New Jersey, we require a certified title search from the known state as well as certified searches from the five states that surround New Jersey; New York, Delaware, Pennsylvania, Connecticut and Maryland.

**STOP HERE:** Once step 1 have been completed, please mail this document to the address listed on the DO-22 form. **DO NOT CONTINUE** until you receive a response.

**2**

**Repair Bill or Estimate** from the Repair Facility is required. This must be on repair facility letterhead and must contain the year, make, and VIN of the vehicle.

**3**

**Abandoned Vehicle Repair Facility 30-Day Notice (OS/SS-324)** must be sent by Certified Mail, Return Receipt requested. Send to the owner and lienholder (if applicable), notifying them of intent to sell/junk the vehicle. A copy of the notice and the original signed receipt(s) is required to be submitted.

**3A**

**\*\*In the event the 30-Day notice is unclaimed by the addressee, or if the address of the person to whom the notice is to be given is unknown to the person giving the notice and cannot be ascertained from the records on file with the Division of Motor Vehicles, the notice shall be published twice in at least one New Jersey newspaper that circulates in the municipality in which the motor vehicle is left.\*\*** A certified affidavit of newspaper publication is required to be submitted to this office.

**4**

**Abandoned Vehicle Repair Facility 5-Day Notice (OS/SS-323)** must be sent by Certified Mail, Return Receipt requested. Send to the owner and lienholder (if applicable), notifying them of intent to sell/junk the vehicle. A copy of the notice and the original signed receipt(s) is required to be submitted.

### **Important Notes for Steps 1, 3, & 4:**

- If any notice(s) are returned as undeliverable, the original unopened, undelivered envelope is required.
- If a notice is mailed to a Financial Institution and returned as undeliverable, any successor Institution must be served. Please contact the New Jersey Department of Banking and Insurance.

(continued)

- If the address of the owner in Commission records is not the same as that provided when the vehicle was left at the repair facility, the notice must be mailed to both addresses. If an owner or lien holder is a corporation, the notice must be mailed to the address in Commission records as well as to the registered agent. The name and address of the registered agent can be obtained from the Secretary of State.

5

**1) Report of Possession of Abandoned Vehicle (OS/SS-21)** must be completed if you wish to resell the vehicle **OR 2) Report of Possession of Abandoned Vehicle and Request for Junk Title (OS/SS-357)** must be completed if you wish to apply for a Junk Title Certificate.

6

**Pencil tracing or a photograph of Vehicle Identification Number (VIN)** from the VIN plate. If you are unable to obtain a pencil tracing or photograph of the vehicle identification number, you must include a notarized statement explaining the circumstance. Also state that you physically examined the vehicle and provide the vehicle identification number shown on the VIN plate.

7

**Statement from Repair Facility** on company letterhead stating the year, make, model, vehicle identification number, and state how, who and when they came into possession of the vehicle. This must be signed by a company official in the presence of a notary.

8

**\$10.00 (standard title) or \$2.00 (junk title) Check or Money Order** made payable to: "NJMVC".

**STOP HERE:** Please forward all documents to the below address. **1) If you plan to sell the vehicle**, a sale cannot occur until all required documents have been approved and you have received Form OS/SS-22 "Application for Certificate of Ownership for a Vehicle Abandoned at Repair Facility". This form contains an assignment which, when executed, will result in the issuance of a title to the purchaser. **DO NOT** sell the vehicle without Form OS/SS-22.

- 1) After the sale/auction has occurred, the purchaser must complete the OS/SS-22 and submit a copy of their driver license. The purchaser must complete the tax stamp and submit a check or money order for sales tax on the purchase price of the vehicle. There will be a \$25 penalty fee, in addition to the title fee, if the vehicle is not titled within 10 days of the date of sale. The title will be mailed to the purchaser, if lien it will be mailed to lienholder.
- 2) If an auction ends without a winning bid and the repair facility holds a NJMVC motor vehicle dealer license, then the repair facility may opt to take ownership.

### List of Required Documents

- |   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 1. Lien Search & \$15 check/money order | 5. Sales tax & late fee            | 9. Repair Facility Bill/Estimate |
| 2. Report of Possession Form            | 6. Proper Amount Check/Money Order | 10. Completed OS/SS-22           |
| 3. 30 Day Notice & Return Receipt       | 7. Pencil Tracing/Photo of VIN     |                                  |
| 4. 5 Day Notice & Return Receipt        | 8. Repair Facility Statement       |                                  |

**After making copies for your records,  
mail required (original) documentation to:**

**NJ Motor Vehicle Commission  
Special Title/Abandoned Unit  
225 East State Street  
P.O. Box 017  
Trenton, N.J. 08666-0017**

*On the Road to Excellence*  
www.njmvc.gov  
*New Jersey is an Equal Opportunity Employer*

## Title/Lien Search Request



New Jersey Motor Vehicle Commission  
Business & Government Services  
P.O. Box 146  
Trenton, NJ 08666-0146  
609-292-4102

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the requestor. **No other form of request will be accepted.** The proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." **DO NOT SEND CASH.** Please note that the turnaround time is approximately 3-4 weeks. If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-4102.

**ALL APPLICANTS MUST COMPLETE SECTIONS A,B,D OF THIS FORM AND C, IF APPLICABLE.**  
(Please print clearly)

**FEE: \$15 PER RECORD SEARCH**

SECTION A - Requestor Information		
Applicant's Name:	Your File or Claim #:	
Business Name (if applicable):	Phone #:	
Street Address:		
City:	State:	Zip Code:
Applicant's Driver License Number:	* Photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID. If the name on your enclosed form of identification does not match your current name, you must include proof of name change.	
SECTION B - Information Requested (All fields <u>MUST</u> be completed)		
<b>MY OWN RECORD</b> \$15 PER SEARCH	<b>ANOTHER'S RECORD</b> \$15 PER SEARCH	
<input type="checkbox"/> Title  <input type="checkbox"/> Lien	<input type="checkbox"/> Title (ex. Court) <input type="checkbox"/> Lien (abandoned vehicles/towing) * <b>If you are conducting a Title search for another person,</b> you <b>MUST</b> include complete court documentation or Carfax authorizing your request.	
Vehicle / Hull Identification Number (VIN / HIN):	Vehicle / Vessel Model Year:	Vehicle / Vessel Make:

**SECTION C – Purpose for the Request (required ONLY when requesting another’s record)**

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

**USES PERMITTED BY N.J.S.A. 39:2-3.4(c)**

\_\_\_\_\_ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State or Local agency in carrying out its functions.

***If acting on behalf of a government agency, please provide proof of retention.***

\_\_\_\_\_ 2. 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.

***Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls or advisories, etc.***

\_\_\_\_\_ 3. 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 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 or security interest against the individual.

***Please include a copy of the individual release consent form; a contract; a tow bill; or a repair bill from the repair shop with the person in question.***

\_\_\_\_\_ 4. 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-regulating 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.

***Please include the docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no docket number has been assigned. If no docket number is available, please submit the case file number on Attorney letter head and include a copy of the accident report.***

***For an abandoned vehicle request, please include photos of the vehicle and VIN as referenced in the Abandoned Vehicle Packet, steps 8 and 9.***

\_\_\_\_\_ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.

***Please include a description of the initiative or research on official letterhead***

\_\_\_\_\_ 6. 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.

***Please include supporting documents for intended use i.e. declaration page.***

\_\_\_\_\_ 7. For use in providing notice to the owners of towed or impounded vehicles.

***Please include proof of authorization to tow or impound vehicles.***

\_\_\_\_\_ 8. 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.

***Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.***

\_\_\_\_\_ 9. For use in connection with the operation of private toll transportation facilities.

**If your request does not fall under one of the above reasons:**

\_\_\_\_\_ 10. For use by any requestor, if the requestor demonstrates it has obtained the **notarized** written consent of the individual to the information pertains.

## Title/Lien Search Request



**\*Please note: If you selected number 10, a "Notarized Authorization to Release Personal Motor Vehicle Information" (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**

**Explanation of reason**

*Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.*

**SECTION D – Terms and Conditions**

The disclosure and use of the personal information\* contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Protection Act” (“NJDPPIA”), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA 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.

\* “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.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (“NJDPPIA”) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

- 1) Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

\_\_\_\_\_  
Signature of Applicant (original signature only - signature stamps are unacceptable)

\_\_\_\_\_  
Date



STATE OF NEW JERSEY  
609-292-6500 ext. 5069

Date: \_\_\_\_\_

**Report of Possession of Abandoned Vehicle at a Repair Facility**

The undersigned owner of the below named facility hereby certifies that the following described motor vehicle was abandoned at this facility, and that the undersigned has taken possession of the same and hereby requests verification of ownership and issuance of an application for certificate of ownership.

*Date vehicle came into possession of facility:* \_\_\_\_\_

*Date owner/owner's representative notified to pick up vehicle:* \_\_\_\_\_

<b>Vehicle</b>	Vehicle Identification Number		Body Type	
	Year	Make	Model	Mileage (No tenths)

The NJ Motor Vehicle Commission cannot honor a request for verification of ownership and application for certificate of ownership unless the entire vehicle identification number is shown above.

<b>Facility</b>	Name of Facility		15 Digit NJ Corrcode	
	Street Address		City	State      Zip
<b>Signature of Facility Owner</b>		<b>Date</b>		

<b>Information</b>	Date owner/owner's representative notified		Date Lienholder Notified	
	30-Day	5-Day	30-Day	5-Day
	Name & Address of Owner			
	Name & Address of Lienholder			
Registration Plate Number				

**NJ Motor Vehicle Commission  
Special Title/Abandoned Unit  
225 East State Street  
P.O. Box 017  
Trenton, N.J. 08666-0017**



STATE OF NEW JERSEY  
609-292-6500 ext. 5069

Date: \_\_\_\_\_

**Report of Possession of Abandoned Vehicle at a Repair Facility  
and Request for Junk Title Certificate**

The undersigned authorized person of the below named facility hereby certifies that the following described motor vehicle was found abandoned at this facility, and further certifies, that such vehicle is incapable of being operated safely or of being put in safe operational condition except at cost in excess of the value thereof.

Date vehicle came into possession of facility: \_\_\_\_\_

<b>Vehicle</b>	Vehicle Identification Number		Body Type		
	Year	Make	Model	Mileage (No tenths)	

**Note: A Junk Title cannot be issued unless the entire vehicle identification number is shown above**

- Owner Notified on (date) \_\_\_\_\_       - Lienholder Notified on (date) \_\_\_\_\_

Pursuant to N.J.S.A. 39:10A-1 et seq., the undersigned submits the above information to the Chief Administrator of the Motor Vehicle Commission in order that they may issue a Junk Title Certificate for assignment to the purchaser at public sale.

**TITLE FEE: \$2.00**

<b>Facility</b>	Name of Facility		15 Digit NJ Corpcode		
	Street Address	City	State	Zip	
<b>Signature of Facility Owner</b>		<b>Date</b>			

<b>Information</b>	Name & Address of Owner				
	Name & Address of Lienholder				
	Registration Plate Number				

**NJ Motor Vehicle Commission  
Special Title/Abandoned Unit  
225 East State Street  
P.O. Box 017  
Trenton, N.J. 08666-0017**





STATE OF NEW JERSEY  
609-292-6500 ext. 5069

**Newspaper Publication Instructions  
For Vehicle Abandoned at a Repair Facility**

Publish a notice at least two times over two consecutive weeks in a newspaper with general circulation (a newspaper published in the State and circulating in the municipality in which the owner resides). The notice should briefly state that you have applied to the New Jersey Motor Vehicle Commission for authority to sell the vehicle at public or private sale/auction and if anyone desires to be heard in opposition of your application, he may do so by contacting the Commission within 10 days of the newspaper advertisement. The publication must include the year, make, full/correct vehicle identification number and the date, time, and location of the public/private sale. The newspaper will provide a certification that you have complied with these requirements.

**Sample Publication**

Take Notice, that in accordance with N.J.S.A. 39:10A-8 et seq., application has been made to the New Jersey Motor Vehicle Commission, to receive title papers authorizing the sale of

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Year Make Model Complete Vehicle Identification Number (VIN)  
on \_\_\_\_\_ , and \_\_\_\_\_ by means of a public/private sale. This  
Date Time  
described motor vehicle which came into possession of \_\_\_\_\_ through  
Facility  
abandonment or failure of owners to claim it may be examined at \_\_\_\_\_  
Facility Address

Objections to this sale, if any, should be made immediately in writing to the following address:

State of New Jersey, Motor Vehicle Commission, Special Titles Unit, 225 East State Street, P.O. Box 017, Trenton, NJ 08666.



**New Jersey  
Motor Vehicle Commission**

P.O. Box 141  
Trenton, NJ 08666-0017

STATE OF NEW JERSEY  
609-292-6500 ext. 5069

**Certification of Vehicle Identification Number**

I, the undersigned, hereby certify the \_\_\_\_\_  
Year Make

\_\_\_\_\_ was physically examined by me and the identification  
Vehicle Identification Number

number is as entered above. I further certify that I have compared this number with the numbers shown on the vehicle and on my New Jersey title and they agree/disagree (circle one). If the title you are submitting is an out of state title and the identification numbers do not agree you will have to notify the issuing titling state for a correction.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

In the city or Town of \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant (if partnership, so indicate. If corporation, give title of office.)



## **BUYER'S CERTIFICATION**

I, (name) \_\_\_\_\_ hereby certify that I am

either a licensed New Jersey dealer or that this vehicle is being purchased for personal or business

use **ONLY** and **NOT** for the purpose of resale.

Signature of Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

**ABANDONED MOTOR VEHICLE REPAIR FACILITY 5 DAY NOTICE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Repair Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Full Name of Vehicle Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number

is deemed to be abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- A. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- B. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- C. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested mailing, notifying you of my intent to junk/sell the vehicle in accordance with N.J.S.A. 39:10A-8 et seq., on \_\_\_\_\_, \_\_\_\_\_,  
Date Time

at \_\_\_\_\_ by means of public/private sale.  
Location

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**To be sent certified to  
the vehicle Owner(s)**

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 5 DAY NOTICE

Date \_\_\_\_\_ Full Name of Repair Facility \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Full Name of Vehicle Owner \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number  
is deemed to be abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- A. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- B. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- C. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested mailing, notifying you of my intent to junk/sell the vehicle in accordance with N.J.S.A. 39:10A-8 et seq., on \_\_\_\_\_, \_\_\_\_\_,  
Date Time  
at \_\_\_\_\_ by means of public/private sale.  
Location

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 5 DAY NOTICE

Date \_\_\_\_\_ Full Name of Repair Facility \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Full Name of Vehicle Owner \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number  
is deemed to be abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- D. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- E. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- F. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested mailing, notifying you of my intent to junk/sell the vehicle in accordance with N.J.S.A. 39:10A-8 et seq., on \_\_\_\_\_, \_\_\_\_\_,  
Date Time  
at \_\_\_\_\_ by means of public/private sale.  
Location

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code

**Retain by the applicant  
for later use with the  
returned certified  
receipt. (Step 4)**



# New Jersey Motor Vehicle Commission

State of New Jersey  
P.O. Box 017  
Trenton, NJ 08666-0017  
Phone: 609-292-6500 x5069  
mvc.specialtitle@mvc.nj.gov

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 5 DAY NOTICE

Date \_\_\_\_\_ Full Name of Repair Facility \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Full Name of Vehicle Owner \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number  
is deemed to be abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- G. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- H. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- I. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested mailing, notifying you of my intent to junk/sell the vehicle in accordance with N.J.S.A. 39:10A-8 et seq., on \_\_\_\_\_, \_\_\_\_\_,  
Date Time  
at \_\_\_\_\_ by means of public/private sale.  
Location

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code

**To be retained for  
applicants records**

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 30 DAY NOTICE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Repair Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Full Name of Vehicle Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number

is deemed to have been abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- A. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- B. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- C. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested, notifying you of my intent to junk/sell the vehicle, unless you and/or the lienholder reclaim possession of the vehicle within 30 days of this letter, upon payment of the reasonable costs of removal and storage of the vehicle, the expenses incurred pursuant to the provisions of this act (N.J.S.A. 39:10A-8 et seq.) and the charges for the servicing or repair of the motor vehicle.

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code



## ABANDONED MOTOR VEHICLE REPAIR FACILITY 30 DAY NOTICE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Repair Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Full Name of Vehicle Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number

is deemed to have been abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- A. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- B. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- C. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested, notifying you of my intent to junk/sell the vehicle, unless you and/or the lienholder reclaim possession of the vehicle within 30 days of this letter, upon payment of the reasonable costs of removal and storage of the vehicle, the expenses incurred pursuant to the provisions of this act (N.J.S.A. 39:10A-8 et seq.) and the charges for the servicing or repair of the motor vehicle.

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 30 DAY NOTICE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Repair Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Full Name of Vehicle Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number

is deemed to have been abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- A. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- B. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- C. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested, notifying you of my intent to junk/sell the vehicle, unless you and/or the lienholder reclaim possession of the vehicle within 30 days of this letter, upon payment of the reasonable costs of removal and storage of the vehicle, the expenses incurred pursuant to the provisions of this act (N.J.S.A. 39:10A-8 et seq.) and the charges for the servicing or repair of the motor vehicle.

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**Retain by the applicant  
for later use with the  
returned certified  
receipt. (Step 3)**

## ABANDONED MOTOR VEHICLE REPAIR FACILITY 30 DAY NOTICE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Repair Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Full Name of Vehicle Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:

This is to advise you that your vehicle/vessel \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Make Year Vehicle/Hull Identification Number  
is deemed to have been abandoned at \_\_\_\_\_ since \_\_\_\_\_.  
Address where vehicle is located Date left abandoned

A vehicle is deemed to be abandoned if it is left at a motor vehicle repair facility without an attempt by the owner, a person on the owner's behalf or any other person having a legal right thereto to regain possession thereof:

- D. For a period in excess of 60 days without the consent of an authorized representative of the motor vehicle repair facility.
- E. For a period of 60 days in excess of the period of which consent has been given by an authorized representative of the motor vehicle repair facility; if
- F. For a period in excess of 60 days after being notified by an authorized representative of the motor vehicle repair facility that service or repairs to the motor vehicle have been completed.

I am therefore, by means of this certified return receipt requested, notifying you of my intent to junk/sell the vehicle, unless you and/or the lienholder reclaim possession of the vehicle within 30 days of this letter, upon payment of the reasonable costs of removal and storage of the vehicle, the expenses incurred pursuant to the provisions of this act (N.J.S.A. 39:10A-8 et seq.) and the charges for the servicing or repair of the motor vehicle.

Sincerely,

\_\_\_\_\_  
Signature of Repair Facility Owner

CC: \_\_\_\_\_  
Lienholder name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**To be retained for  
applicants records**