New Jersey
Motor Vehicle Commission

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

STATE OF NEW JERSEY
1-888-486-3339 (in state)
1-609-292-6500 (out of state)

Application for Salvage Certificate of Title

The original certificate of title must accompany this application for issuance of the New Jersey salvage title.

Vehicle

Vehicle Identification Number			Body Type
Year	Make	Model	Color

Actual present true mileage (Odometer reading): ☐☐☐☐☐☐ Tenths: ☐

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

OS/SS-61 (R7/09)