



STATE OF NEW JERSEY  
1-609-292-6500

## Application for Salvage Certificate of Title

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

<b>Vehicle</b>	Vehicle Identification Number	Body Type
	Year                      Make                                      Model                                      Color	

**Actual present true mileage (Odometer reading):    ■    Tenths:**

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

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

<b>Lienholder</b>	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
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