



# Vehicle Registration/Plate Status Form



Division of Compliance and Safety  
Uninsured Motorist Enforcement Unit  
P.O. Box 132  
Trenton, NJ 08666-0132  
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Complete the following information (please print):

FROM: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Registered Owner of Vehicle)

Address: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Vehicle ID #: \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_

Plate #: \_\_\_\_\_

The vehicle has been (check one):

- Sold       Junked       Repossessed       Impounded
- Not-in-use (explain): \_\_\_\_\_

The license plates were (check one):

- Destroyed       Left on the vehicle       Transferred
- Surrendered to MVC on \_\_\_\_\_ at \_\_\_\_\_  
(date) (location)
- Lost (Explain): \_\_\_\_\_
- Stolen (not recovered)

The registration certificate was (check one):

- Destroyed       Left on the vehicle
- Surrendered to MVC on \_\_\_\_\_ at \_\_\_\_\_  
(date) (location)
- Lost (Explain): \_\_\_\_\_
- Stolen (not recovered)

I certify that the above information is true:

Signature \_\_\_\_\_ Date \_\_\_\_\_



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