



STATE OF NEW JERSEY

609-292-6500 ext. 5070

OS/SS-57 (R8/15)

Application for Repossession Certificate of Ownership

Certification of Compliance with Article 9 of the New Jersey Uniform Commercial Code

| Name of Secured Party | | | |
|--|--|---------------------------------------|--------------------|
| Street Address | City | State | Zip |
| Name of Debtor | | | |
| Street Address | City | State | Zip |
| Vehicle Identification Number | Body Type | Present Odor | meter Reading |
| Year Make | Model | Color | |
| Name of Buyer or Lienholder taking title | is taking title, the below se | ection must be comple Date of Sale | ted and signe |
| Street Address | City | State | Zip |
| Street Address Driver License No. (If business, corpcode) | Sex | Eye Color | Date of Birth |
| Signature of Buyer or Lienholder taking ti | tle: | | |
| the undersigned, do hereby certify that I am the seen disposed of pursuant to the provisions of Articlarein is true to the best of my knowledge. | | | |
| gnature and title of secured party : | | | |
| ease note: N.J.S.A. 39:10-11 required that this immission within 10 days; failure to do so will res | | | |
| rward a \$60.00 check or money order made procedures, and the certificate of ownership. On State Street, P.O. Box 017, Trenton, NJ 0866 | payable to "NJMVC", with a copy oly mail documents to: NJ Moto 6-0017. | y of the security agreemen | nt, notice of sale |
| State Street, P.O. Box 017, Trenton, NJ 0000 | D1 T C4 | | |
| | Dealer Tax Stamp | | |
| Purchase Price \$ Sales/ Use Tax \$ | | | |