



Vehicle Registration/Plate Status Form



Division of Compliance and Safety
Uninsured Motorist Enforcement Unit
P.O. Box 132
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Fax: 609-777-3178; 609-777-3179
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Complete the following information (please print):

FROM: Name: _____ Date: _____
(Registered Owner of Vehicle)

Address: _____ Phone Number: _____

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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