

APPLICATION FOR TRANSFER AND SUPPLEMENTAL LIENS

Purpose: Use this form to apply for a lien transfer or a supplemental lien.

Instructions: Submit this form to any DMV customer service center with the appropriate fees. You may also mail the form and fees to the Titling Work Center at the address above.

APPLICATION TYPE	
CHECK ONE:	
<input type="checkbox"/>	Transfer of Lien: Submit an original title unless the lienholder is a participant in the electronic title program. Complete sections (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, (4) Transfer of Lien, and (6) Certification.
<input type="checkbox"/>	Supplemental Lien: Submit an original title unless the new lienholder is the same as the old lienholder and the lienholder is a participant in the electronic title program. Complete sections (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, (5) Supplemental Lien, and (6) Certification.

1. OWNER INFORMATION				
OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
MAILING ADDRESS		CITY OR TOWN		STATE
				ZIP CODE
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO				

2. VEHICLE INFORMATION				
VEHICLE IDENTIFICATION NUMBER (VIN)		TITLE NUMBER		PLATE NUMBER
				PLATE TYPE
YEAR	MAKE	MODEL	BODY TYPE	
				WEIGHT

3. CURRENT LIEN INFORMATION				
Check One: <input type="checkbox"/> Printed original paper title certificate attached <input type="checkbox"/> Original title certificate is electronic title (no paper title attached)				
FIRST LIEN	LIENHOLDER NAME		LIENHOLDER CODE	
	LIEN DATE (mm/dd/yyyy)			
LIENHOLDER MAILING ADDRESS		CITY OR TOWN		STATE
				ZIP CODE
SECOND LIEN	LIENHOLDER NAME		LIENHOLDER CODE	
	LIEN DATE (mm/dd/yyyy)			
LIENHOLDER MAILING ADDRESS		CITY OR TOWN		STATE
				ZIP CODE

4. TRANSFER OF LIEN			
Complete this section only to transfer a lien to a new lienholder.			
NEW LIENHOLDER NAME		LIENHOLDER CODE	
DATE OF LIEN FILING (mm/dd/yyyy)			
MAILING ADDRESS		CITY OR TOWN	

5. SUPPLEMENTAL LIEN			
Complete this section to add a lien. The priority of the security interest will be determined according to the date of the application filing (Virginia Code § 46.2-637).			
LIENHOLDER NAME		LIENHOLDER CODE	
DATE OF LIEN FILING (mm/dd/yyyy)			
MAILING ADDRESS		CITY OR TOWN	

LOG NUMBER

TITLE NUMBER

6. CERTIFICATION

I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

Owners must sign when application is made for a supplemental lien. Lienholders must sign when transferring a lien.

OWNER SIGNATURE		DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE		DATE (mm/dd/yyyy)
CURRENT LIENHOLDER NAME (print)	CURRENT LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)
NEW LIEN HOLDER NAME (print)	NEW LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

PRIVACY ACT NOTICE

The information, including Social Security Number, is requested in accordance with §46.2-623 (Virginia Code). Any person who refuses to supply the required information will be denied a Certificate of Title and/or registration. Title and registration records may be disseminated in accordance with Virginia Code §§ 46.2- 208 through 46.2-214, to business, law enforcement, or authorized government entities.