

MECHANICS OR STORAGE LIEN VEHICLE TRANSCRIPT REQUEST APPLICATION

PURPOSE: Use this application to request a Mechanic or Storage lien vehicle transcript as provided in VA Code §§ 46.2-644.01,

462.644.02, and 46.2-644.03.

INSTRUCTIONS: Submit the completed application at any DMV Customer Service Center or mail, with the appropriate fees, to DMV Customer

Records Work Center at the address above.

VEHICLE INFORMATION									
YEAR	MAKE			DEL	BODY TYPE		COLOR		
LICENSE PLATE NUMBER STATE			VEH	VEHICLE IDENTIFICATION NUMBER					
DIIDDOSE OF DECLIEST									
PURPOSE OF REQUEST Chack applicable box (both shockboxes may apply) Was this validate toward at the direction of law approximant?									
Check applicable box (both checkboxes may apply) I have a Storage Lien under VA Code § 46.2-644.01 in the amount of \$									
☐ I have a Mechanic's Lien under VA Code § 46.2-644.02 in the amount of \$ NO									
DATE YOU TOOK POSSESSION OF VEHICLE (mm/dd/yyyy): Total \$						If yes, pro	If yes, provide the jurisdiction:		
MECHANIC OR STORAGE FACILITY RECORDING LIEN									
NAME OF COMPANY HOLDING VEHICLE						COMPAN	COMPANY TELEPHONE NUMBER		
STREET ADDRE	ESS	С	ITY			STATE	ZIP C	ODE	
FEIN OR SOCIAL SECURITY NUMBER (Required by the State Comptroller for debt off-set purposes per VA Code §§ 2.2-803, 2.2-4807, et.al)						ACCESS	ACCESS CODE (if applicable)		
STREET ADDRE	SS WHERE VEHICLE IS HELD (i	f different from abov	e) CIT	Y		STATE 2	ZIP CODE	TELEPHONE NUMBER	
VEHICLE RECORD REQUEST									
This is to request that DMV furnish information from its files on the above-described vehicle in accordance with VA Code §§ 46.2-644.01, 46.2-644.02 and 46.2-644.03. I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all									
supporting documentation is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.									
AUTHORIZED M	ECHANIC OR STORAGE LIENHO	OLDER NAME (print)	SIGNATURE				DATE(mm/dd/yyyy)	
TITLING SERVICE INFORMATION Complete the information below only if a titling service is submitting this request on behalf of the lienholder.									
TITLING SERVICE NAME						TELEPHO	TELEPHONE NUMBER		
STREET ADDRE	ESS	С	ITY			STATE	ZIP C	ODE	
FEIN OR SOCIAL SECURITY NUMBER (Required by the State Comptroller for debt off-set purposes per VA Code §§ 2.2-803, 2.2-4807, et.al) USE AGREEMENT NUMBER (if applicable) ACCESS CODE (if applicable)					olicable)				
AUTHORIZED TITLE SERVICE REPRESENTATIVE NAME (print)			•	SIGNATURE			DATE(mm/dd/yyyy)		
DMV USE ONLY									
DMV recognized the NADA Official Used Car Guide trade in value: \$						CSR STAMP			