

ELECTRONIC LIEN PROGRAM APPLICATION

PURPOSE: Lienholders use this form to apply to the Electronic Lien Program.

INSTRUCTIONS: Lienholders email the completed application to ELTProgram@dmv.virginia.gov. Incomplete applications will be returned.

LIENHOLDER INFORMATION			
LIENHOLDER NAME	COMPANY PRESIDENT OR CEO NAME	FEDERAL EMPLOYER ID NUMBER (FEIN)	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	TOTAL NUMBER OF LIENS PER WEEK
Are you an affiliate of a larger subsidiary? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, will you use the larger subsidiary's name and address on the titles? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Complete this section if you are an affiliate of a larger subsidiary AND will use the larger subsidiary's name and address on titles.			
NAME DISPLAYED ON TITLE		ADDRESS DISPLAYED ON TITLE	
CITY DISPLAYED ON TITLE	STATE DISPLAYED ON TITLE	ZIP CODE DISPLAYED ON TITLE	

CONTACT INFORMATION		
CONTACT NAME	TITLE	
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

VENDOR INFORMATION		
VENDOR NAME	TELEPHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE