

from any and all obligations to the lien holder.

## Application for Lien Code Assignment and/or Enrollment/Change in Electronic Lien System

Electronic Lien System (ELS), or to modify an ELS accoun	t with MVA. This form is		or Vehicle Administ uest a lien code.	tration's (IMVA)
A ACTION REQUESTED - To Be Completed B	y Financial Institut	tion/Lien holde	er	
This application is for (check appropriate box/boxes):  □ Enrollment in ELS Program – (Complete sections B and □ Change of Financial Institution/Lien Holder Name – (Co □ Change of Financial Institution Address – (Complete se	C) Change of mplete section B)		Provider – (Comple	ete sections B and C)
In making application for a lien code and/or enrolling or mo	odifying an ELS accoun	t with the MVA, I (	we) certify under p	enalty of perjury, that:
A. The lien holder making application has a Maryland lender	er's license or sales fina	ance license issue	d by the Commiss	ioner of Financial
Regulation, License No  B. The lien holder making application is exempt from obtain ☐ Bank ☐ National Banking Association ☐ Trust C☐ Licensed Dealer (a seller of goods or services not en	ing a Maryland lender's Company ☐ Savings	Bank	and Loan Associa	ation
Signature of Lien	Signature of Lien Printed Name of			
Holder's Authorized Agent		Authorized Agent		
B LIEN HOLDER INFORMATION – To Be Com	pleted By Financia			
Name of Financial Institution/Lien holder		FEIN	ABA	A Number
Address City or Town	n State	Zip Co	ode LIEN CC	DE (if already assigned)
Name of Authorized Representative: (please print)	Capacity:	Signature of Au	uthorized Represent	ative below:
Email Address: Telephone Numb	er: Date:		MVA	USE ONLY
Email Address: Telephone Numb	er: Date:		MVA Lien code assigned _	
Email Address: Telephone Numb  Name of ELS Vendor/Service Provider:	er: Date:			
	er: Date:		Lien code assigned _	
			Lien code assigned _ Signature Operator #	Date
Name of ELS Vendor/Service Provider:			Lien code assigned _ Signature Operator # ELS Vendor/Se	Date
Name of ELS Vendor/Service Provider:  C ELS VENDOR/SERVICE PROVIDER AUTHOR  ELS Contract Authorized By: (Printed Name)	RIZATION – To Be (	Completed By	Lien code assigned _ Signature Operator # ELS Vendor/Se	Date ervice Provider eacity
Name of ELS Vendor/Service Provider:  C ELS VENDOR/SERVICE PROVIDER AUTHOR  ELS Contract Authorized By: (Printed Name)	RIZATION – To Be ( (Signature)	Completed By	Lien code assigned	Date ervice Provider eacity
Name of ELS Vendor/Service Provider:  C ELS VENDOR/SERVICE PROVIDER AUTHOR  ELS Contract Authorized By: (Printed Name)	(Signature)  one Number:  forward this form to the by the authorized ELS vale and requirements: ELS service providers for all loan recipients a	Er e selected vendor/sendor/service prolatinfo@mdot.state	Lien code assigned	Date Date Date: D