

# LIEN RECORDING APPLICATION

APPLICATION MUST BE FILED WITHIN 20 DAYS OF DATE OF SECURITY AGREEMENT OR LIEN DATE WILL BE PERFECTED BY THE DIVISION TO THE DATE OF RECEIPT OF APPLICATION.

This application must be accompanied with the certificate of title unless it is in the possession of a prior lienholder. The Division, upon receipt of the application, will procure the title from the prior lienholder for the purpose of recording the new lien and will return the title to the first lienholder and notify the subsequent lienholder(s) that additional lien(s) has been noted on the certificate of title.

<b>VEHICLE SECTION</b>					Title #
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	

<b>OWNER SECTION</b>		
Owner 1 ID # _____ Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name _____		
Owner 2 ID# _____ Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name _____		
Residence Address (Individual) Business Address(Firm) _____		
City and State _____	Zip Code _____	Tax County _____
Mailing Address (if different from above) _____		

<b>LIEN SECTION</b>					
<u>FIRST LIEN</u>			<u>SECOND LIEN</u>		
Date of Lien _____	Maturity Date (MH) _____	Account # _____	Date of Lien _____	Maturity Date (MH) _____	Account # _____
Lienholder ID # _____	Lienholder Name _____		Lienholder ID # _____	Lienholder Name _____	
Address _____			Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
<u>THIRD LIEN</u>			<u>FOURTH LIEN</u>		
Date of Lien _____	Maturity Date (MH) _____	Account # _____	Date of Lien _____	Maturity Date (MH) _____	Account # _____
Lienholder ID # _____	Lienholder Name _____		Lienholder ID # _____	Lienholder Name _____	
Address _____			Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____

<b>DISCLOSURE SECTION</b>	
All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.	
<input type="checkbox"/> I (we) would like the personal information contained in this application <b>to be available for disclosure.</b>	
<b><u>APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.</u></b>	
I, the owner(s) of the vehicle described on this application, certify that the information on the application is true and accurate.	
OWNER SIGNATURE _____	
Date _____	County _____ State _____
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).	
Notary Signature _____	Notary Printed or Typed Name _____
(SEAL)	My Commission Expires _____