

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.

VEHICLE SECTION					TITLE #
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	

OWNER SECTION		
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 _____
Mail Address (if different from above) _____		

LIEN SECTION			
FIRST LIEN		SECOND LIEN	
Date of Lien _____	ACCOUNT # _____	Date of Lien _____	ACCOUNT # _____
Lienholder ID# _____	Lienholder Name _____	Lienholder ID# _____	Lienholder Name _____
Address _____		Address _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	
THIRD LIEN		FOURTH LIEN	
Date of Lien _____	ACCOUNT # _____	Date of Lien _____	ACCOUNT # _____
Lienholder ID# _____	Lienholder Name _____	Lienholder ID# _____	Lienholder Name _____
Address _____		Address _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	

DISCLOSURE SECTION
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 to be available for disclosure.

APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.

I, the owner(s) of the vehicle described on this application, certify that the information on the application is true and accurate.

OWNER'S 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 _____