

# 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

Date of Lien \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Lienholder ID#	Lienholder Name
----------------	-----------------

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECOND LIEN

Date of Lien \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Lienholder ID#	Lienholder Name
----------------	-----------------

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### THIRD LIEN

Date of Lien \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Lienholder ID#	Lienholder Name
----------------	-----------------

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### FOURTH LIEN

Date of Lien \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Lienholder ID#	Lienholder Name
----------------	-----------------

Address \_\_\_\_\_

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.

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 \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ My commission expires \_\_\_\_\_

(SEAL)

Notary Public \_\_\_\_\_