

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.fhsmv.gov/offices/

APPLICATION FOR NOTICE OF LIEN / REASSIGNMENT OF LIEN OR NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN

SECTIONS 1 AND 2 SHOULD BE COMPLETED IF ADDING AN ORIGINAL LIEN. MOTOR VEHICLE MOBILE HOME
 SECTIONS 1 AND 3 SHOULD BE COMPLETED IF REASSIGNING A LIEN. OFF-HWY VEHICLE VESSEL
 SECTIONS 1, 2 AND 4 SHOULD BE COMPLETED IF ADDING A SUBSEQUENT LIEN.

1) DESCRIPTION OF MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL DESCRIPTION	
IDENTIFICATION NUMBER	VESSEL REGISTRATION NUMBER
MAKEMANUFACTURER	YEAR
COLOR	TYPE
CERTIFICATE OF TITLE NUMBER	PREVIOUS ISSUE DATE
	USE
	LICENSE PLATE NUMBER
2) NOTICE OF LIEN - LIENHOLDER INFORMATION	
<input type="checkbox"/> FEID#	<input type="checkbox"/> Driver License Number and Sex and Date of Birth
	<input type="checkbox"/> DMV Account#
DATE OF LIEN	LIENHOLDER NAME
LIENHOLDER ADDRESS	CITY
	LIENHOLDER'S E-MAIL ADDRESS
	STATE
	ZIP CODE

- Electronic title and lien participant (Electronic title only).
 - If the lienholder authorizes the department to send title to the owner, _____ Signature of Lienholder's Representative
check box and countersign. (DOES NOT APPLY TO VESSELS)
 - One of the following boxes must be checked.
 - A security agreement, retain title contract, chattel mortgage or other similar instrument was executed prior to the filing of this notice of lien.
 - This notice of lien is being filed before a security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument is being executed.
- UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT I (WE) HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.** Date _____

Signature of Registered Owner	Signature of Registered Co-Owner
Print Name of Registered Owner	Print Name of Registered Co-Owner
Street Address (Owner)	Street Address (Co-Owner)

City	State	Zip Code	City	State	Zip Code
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3) APPLICATION FOR REASSIGNMENT OF LIEN

The undersigned hereby represents that they are the assignee of that certain first or second lien dated the _____ day of (Month/Year) _____, covering the motor vehicle, mobile home, off-highway vehicle or vessel described in section one of this form and request that the Florida Certificate of Title, which was issued on (Month/Day/Year) _____, be re-issued to show such lien as now being held by the undersigned applicant and represents that on this date there is a balance as principal still due and unpaid.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

By _____ Signature of Lienholder's Representative
 Name of Assignee (New Lienholder) _____ Title _____

Address _____ City _____ State _____ Zip Code _____
 Name of Assignor (Lienholder currently shown on Title) _____ By _____ Signature of Lienholder's Representative
 Title _____