

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.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.

SECTIONS 1, 2 AND 4 SHOULD BE COMPLETED IF ADDING A SUBSEQUENT LIEN.

OFF-HWY VEHICLE VESSEL

1) DESCRIPTION OF MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL DESCRIPTION

IDENTIFICATION NUMBER		VESSEL REGISTRATION NUMBER	
MAKE/MANUFACTURER	YEAR	MODEL	WT.-LGTH.-BHP
COLOR	TYPE	USE	
CERTIFICATE OF TITLE NUMBER	PREVIOUS ISSUE DATE	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'S E-MAIL ADDRESS
LIENHOLDER ADDRESS	CITY	STATE ZIP CODE

Electronic title and lien participant (Electronic title only).

If the lienholder authorizes the department to send title to the owner, _____
check box and countersign. **(DOES NOT APPLY TO VESSELS)** Signature of Lienholder's Representative

One of the following boxes must be checked.

A security agreement, retain title contract, conditional bill of sale, 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

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.

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

Address _____ City _____ State _____ Zip Code _____

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

Name of Assignor (Lienholder currently shown on Title) By _____
Title Signature of Lienholder's Representative

4) NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN

Date _____

To: _____
First Lienholder

Address: _____

City and State: _____ Zip Code _____

You are the first lienholder on Title Number _____ covering the motor vehicle, mobile home, off-highway vehicle or vessel described on the reverse of this form, which is recorded in the office of the DIVISION OF MOTORIST SERVICES in Tallahassee, Florida. **FLORIDA STATUTES REQUIRE THE FIRST LIENHOLDER TO SUBMIT THE CERTIFICATE OF TITLE TO THE DIVISION OF MOTORIST SERVICES WITHIN TEN (10) DAYS AFTER RECEIPT OF THIS NOTICE, UNLESS THE DMV DATABASE REFLECTS AN ELECTRONIC TITLE.** This is to advise you that I have this date placed an additional lien on the above described motor vehicle, vessel, off-highway vehicle or mobile home with:

Name of Subsequent Lienholder Lienholders E-mail Address

Address

City State Zip Code

Please forward the above mentioned Certificate of Title with this request attached, if applicable, to the DIVISION OF MOTORIST SERVICES, at Tallahassee, Florida, for the purpose of recording the subsequent lien thereon. When the subsequent lien is recorded, the Division of Motorist Services will mail a Certificate of Title to you, if applicable, as first lienholder.

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

Signed: _____
Signature of Owner Signature of Co-Owner

Name: _____
Print or Type Print or Type

INSTRUCTIONS WHEN USING SECTION 4 OF THIS FORM:

Prepare in duplicate and send a copy of this form by registered or certified mail with the returned receipt requested to the first lienholder, as shown on the DMS database record. Submit the original copy of the form to a county tax collector's office with the return receipt signed by the first lienholder and the lien recording fee provided by section 328.14(6), Florida Statutes, for vessels, by section 319.32(1) and (2) (a), Florida Statutes, for motor vehicles and mobile homes and sections 317.0006(5) (a), & 317.0007(1), Florida Statutes, for off-highway vehicles.

Notice to the First Lienholder: If you fail, neglect, or refuse to forward the certificate of title to the department within 10 days from the date of the owner's request, the department, on the written request of the subsequent lienholder or an assignee thereof, shall make written demand to you for the return of such certificate of title for the notation of the second or subsequent lien or encumbrance.

THIS FORM IS A COMBINATION OF FORMS HSMV 82139, HSMV 82140, HSMV 82365 AND HSMV 87004.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>