

West Virginia Department of Transportation

Division of Motor Vehicles

Voluntary Lien Created After Issuance of Original Title



1-800-642-9066
www.dmv.wv.gov

A) Applicant's Information

Name _____ Daytime Phone (____) ____ - ____

Address _____
STREET ADDRESS CITY STATE ZIP

B) Vehicle Information

Title No. Date Issued ____ / ____ / ____ Year Body _____

Make _____ VIN No.

C) Statement of Liens Created

1). Amount of Lien \$ _____ Nature of Lien _____ Date of Lien ____ / ____ / ____

In Favor of _____

Address _____
STREET ADDRESS CITY STATE ZIP

(X) _____ Title of Officer _____
SIGNATURE OF LIEN HOLDER

2). Amount of Lien \$ _____ Nature of Lien _____ Date of Lien ____ / ____ / ____

In Favor of _____

Address _____
STREET ADDRESS CITY STATE ZIP

(X) _____ Title of Officer _____
SIGNATURE OF LIEN HOLDER

Upon approval of this application a new certificate of title will be issued with any unreleased liens and the lien or liens listed on this application listed. The new Certificate of Title will be forwarded to the lien holder having first priority. The following fees must be submitted with this application in order to process your request:

\$10.00 Title Fee + \$5.00 Lien Fee = \$15.00

Any check tendered to this department which is not honored for payment by any banking Institution will result in a \$10.00 service charge.

Return this **application, title, and fee** to
your local DMV Regional Office or
mail them to:

DMV Receiving and Processing
PO Box 17710
Charleston, WV 25317

D) Applicant's Certification

I request the Division of Motor Vehicles to record a lien on the certificate of title on my above listed vehicle in favor of the above named lien holder. I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge and belief.

****The brand "and" requires both owners' signatures****

(X) _____ / /
SIGNATURE OF OWNER DATE

(X) _____ / /
SIGNATURE OF OWNER DATE