Application for Duplicate Security Interest Filing

Fee: \$20.00

Duplicate Security Int The original securi An altered, misass The application m A Notice of Securi participant when t	ty interes igned or i ust be sig ty Interes	t filing has mutilated s ned by the t-Filing (pa	been lo ecurity autho per do	ost, destr interest rized age cument)	royed, algoing mutent of the was not	tered, m st accor secured issued b	utilated on pany the party. Secause to the party.	ne duplicate app the lien holder w	as an Electri	c Lien Service (ELS)	
Owner's First Name								Last			
Street Address				City			County		State	Zip Code	
Reason for request of duplicate Security Interest Filing (please check one):											
Lost Destroyed Altered Muti				lated Misassigned ELS Participant and SIF was issued (grati						Repossession	
Other											
Original Lien Amount	nount Date of Creation Lien			Type Name of Secured Party (Bank				ed Party (Bank, F	inance Com	pany, etc)	
Address of Secured Party											
Current Maryland Title Number Make				Year	Year Vehicle Identification Number						
l/we certify, under penalty of perjury, that the statements made herein are true and correct, to the best of my/our knowledge, information and belief.											
Signature of Authorized Agent of Secured Party										Date	
Job Title					FEIN						
A photocopy of Authorized Agent's I.D. must accompany this form.											
Please make checks or money orders payable to the Motor Vehicle Administration. Please include your name imprinted on the check, along with your address, driver's license number and home/work phone number.											
For MVA use only											
Record examined and issuance approved by:											
Types of identification provided by the lienholder's representative:											
Method of Payment:	С	K CC		CV							