

Security Interest Filing Statement (Filing Fee: \$40.00)

The MVA should contact me at: _____ or _____ for any questions regarding this application.
(Email address) (Phone)

Please print or type all information in black ink.

Notice to secured party:

To perfect or ensure your security interest: **(Maryland title must accompany two copies of this form)**

The security interest as completed below is perfected on date of creation if this statement, filing fee, and any other information required is delivered to the Motor Vehicle Administration within ten days from the date this security interest was created. If delivery is made after the tenth day, the date of perfection is the date received by the Motor Vehicle Administration.

Please Note: If the lien holder is anyone other than a bona fide lending institution (i.e. bank, credit union, finance company or dealer), a lien contract must accompany this form.

Vehicle to be held as collateral

Year	Make of Vehicle	Body Style	Vehicle Identification Number	Maryland Title Number
Type of Contract		Account Number		(MVA Use Only) Lien Code
Name of Secured Party			Date of Creation	Amount of Lien
Street Address of Secured Party		City	County	State Zip Code
Name of Debtor				
Street Address of Debtor		City	County	State Zip Code

I (we) certify under penalty of perjury that:

A. The lien holder making application has a Maryland lender's license or sales finance license issued by the Commissioner of Financial, Regulation,

License No. _____ or

B. The lien holder making application is exempt from obtaining a Maryland lender's license or sales finance license because the lien holder is a:

Bank National Banking Association Trust Company Savings Bank Savings and Loan Association Credit Union

Licensed Dealer (a seller of goods or services not engaged in making loans or acting as a credit service business)

Other person who is not in the business of making loans.

Signature of Lien Holder's Authorized Agent		Date		For MVA Use Only	
Printed Name of Authorized Agent		Title			
Assignment of Security Interest					
Name of Assignee					
Street Address of Assignee		City	County	State	Zip Code
Amount of Security Interest Assigned		Full Amount Partial Amount		Date Assigned	
We, the undersigned, certify, under penalty of perjury, that the security interest set forth above has been assigned by the original secured party named herein to the assignee indicated.					
Signature of Original Secured Party				Date	
Signature of Assignee				Date	