

## Application for Duplicate Security Interest Filing

**Fee: \$40.00**

**Duplicate Security Interest Filings (SIF) are issued upon the following conditions:**

- The vehicle owner moved out of state and the SIF is required by the new state.
- The lienholder of this vehicle is an individual.
- The application must be signed by the authorized agent of the secured party.
- A Notice of Security Interest-Filing (paper document) was not issued because the lien holder was an Electric Lien Service (ELS) participant when the lien was recorded, and the vehicle is now being repossessed by the lienholder.

This application must be completed in its entirety and accompanied by a photocopy of the Authorized Agent's valid state issued identification. Please make checks payable to the Motor Vehicle Administration.

|                    |      |        |       |          |
|--------------------|------|--------|-------|----------|
| Owner's First Name |      | Middle | Last  |          |
| Street Address     | City | County | State | Zip Code |

**Reason for request of duplicate Security Interest Filing (please check one):**

☐ Repossession     
 ☐ Individual Lienholder     
 Owner moved out of state, provide abbreviation of new state: \_\_\_\_\_

|                      |                  |           |                                                    |
|----------------------|------------------|-----------|----------------------------------------------------|
| Original Lien Amount | Date of Creation | Lien Type | Name of Secured Party (Bank, Finance Company, etc) |
|----------------------|------------------|-----------|----------------------------------------------------|

|                          |
|--------------------------|
| Address of Secured Party |
|--------------------------|

|                               |      |      |                               |
|-------------------------------|------|------|-------------------------------|
| Current Maryland Title Number | Make | Year | Vehicle Identification Number |
|-------------------------------|------|------|-------------------------------|

I/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

**For MVA use only**

Record examined and issuance approved by: \_\_\_\_\_

Types of identification provided by the lienholder's representative: \_\_\_\_\_

Method of Payment:    C    K    CC    CV