

**APPLICATION FOR
SUPPLEMENTAL AND TRANSFER LIENS OR
REPLACEMENT AND SUBSTITUTE TITLES**

Purpose: Use this form to apply for a supplemental lien, lien transfer, replacement title certificate or substitute title certificate.

Instructions: Submit this form to any DMV customer service center with the appropriate fees. You may also mail the form and fees to the Titling Work Center at the address above.

APPLICATION TYPE			
CHECK ONE:			
<input type="checkbox"/>	Supplemental Lien: Submit an original title unless the new lienholder is the same as the old lienholder and the lienholder is a participant in the electronic title program. Complete the (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, (4) Supplemental Lien, and (7) Signatures sections.		
<input type="checkbox"/>	Transfer of Lien: Submit an original title unless the lienholder is a participant in the electronic title program. Complete the (1) Owner Information, (2) Vehicle Information, (3) Current Lien Information, and (5) Transfer of Lien sections.		
<input type="checkbox"/>	Replacement Title Certificate: Will be issued only if the original is lost, mutilated or illegible. Once a replacement has been issued, any prior title is invalid. Complete the (1) Owner Information and (2) Vehicle Information sections. Complete the (3) Current Lien Information, and (7) Signatures sections, if applicable. Check one: (required) <input type="checkbox"/> Lost <input type="checkbox"/> Mutilated <input type="checkbox"/> Illegible		
<input type="checkbox"/>	Substitute Title Certificate: Will be issued if there is a change in the information on the title. Complete the (1) Owner Information, (2) Vehicle Information, (6) Substitute Title Certificate Information, and (7) Signatures sections. Complete the (3) Current Lien Information, if applicable. Check if applicable: (optional) <input type="checkbox"/> Beneficiary Information - Complete VSA 18 to add/change/remove a beneficiary		

1. OWNER INFORMATION			
OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. VEHICLE INFORMATION				
VEHICLE IDENTIFICATION NUMBER (VIN)		TITLE NUMBER	PLATE NUMBER	PLATE TYPE
YEAR	MAKE	MODEL	BODY TYPE	WEIGHT

3. CURRENT LIEN INFORMATION				
CHECK ONE: <input type="checkbox"/> Printed original title certificate attached <input type="checkbox"/> Original title certificate is electronic title (no paper title attached)				
FIRST LIEN	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE ZIP CODE
SECOND LIEN	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE ZIP CODE

4. SUPPLEMENTAL LIEN			
Complete this section only if you wish to transfer a lien. The priority of the security interest will be determined according to the date of the application filing (§46.2-637 Code of Virginia).			
LIENHOLDER NAME		LIENHOLDER CODE	DATE OF LIEN FILING (mm/dd/yyyy)
MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE

5. TRANSFER OF LIEN			
Complete this section only if you wish to transfer a lien.			
LIENHOLDER NAME		LIENHOLDER CODE	DATE OF LIEN FILING (mm/dd/yyyy)
MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE
<i>The undersigned lienholder acknowledges this to be a free and voluntary act.</i>			
LIENHOLDER NAME	BY (Signature)		DATE (mm/dd/yyyy)
NEW LIEN HOLDER NAME	BY (Signature)		DATE (mm/dd/yyyy)

6. SUBSTITUTE TITLE CERTIFICATE
Complete this section only when information on the previously issued certificate of title changes.
NAME OF DOCUMENT(S) SUBMITTED TO MAKE CHANGE:

LOG NUMBER

TITLE NUMBER

7. SIGNATURES

ANY WILLFUL MISINFORMATION GIVEN WITH FRAUDULENT INTENT MAY BE PUNISHABLE BY LAW.

I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation. Owners must sign when application is made for a supplemental lien and a substitute original title certificate. (Lienholders must sign in the Transfer of Liens section.)

OWNER SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)

REPLACEMENT TITLE CERTIFICATE DELIVERY PROCEDURES

- NO OUTSTANDING LIEN:** The replacement title certificate will be mailed to the vehicle owner unless a person presenting the owner's application can provide identification and is the owner's authorized representative.
- OUTSTANDING LIEN:** The replacement title certificate will be mailed to the lienholder if a recorded lien has not been satisfied. For evidence of lien satisfaction, the lienholder must indicate on the face of the title that the lien has been satisfied. The lienholder must sign the lien satisfaction. The title should then be forwarded to the owner. An original of a signed lien satisfaction on a lending institution's letterhead or from an individual lienholder is sufficient evidence of lien satisfaction. A lienholder may apply for a replacement title without obtaining the owner(s) signature(s).

Lienholder's Signature: _____

INSTRUCTIONS FOR REPLACEMENT TITLE CERTIFICATE ONLY

- Complete Application Form VSA-66, and pay the fee.
- If the person returning the completed Form VSA-66, is not the owner or a lienholder, the owner must submit this form with the following written authorization.
- Authorized person accepting replacement title certificate for owner must present identification.

AUTHORIZATION FOR RECEIPT OF CERTIFICATE OF TITLE

I _____ authorize _____
 (Name of Vehicle Owner) (Name of Authorized Representative)
 to receive the replacement title certificate.

 (Owner's Signature) Date: _____
 MM / DD / YYYY

PRIVACY ACT NOTICE

The information, including Social Security Number, is requested in accordance with §46.2-623 (Code of Virginia). Any person who refuses to supply the required information will be denied a Certificate of Title and/or registration. Title and registration records may be disseminated in accordance with §46.2- 208 through §46.2-214, to business, law enforcement, or authorized government entities.

FOR DMV USE ONLY

TITLE RELEASED TO	DATE (mm/dd/yyyy)
TYPE OF IDENTIFICATION PRESENTED	NUMBER OF IDENTIFICATION PRESENTED