

Electronic Lien & Title State Registration Instructions

These forms are required to provide your business with an ELT Identification Number from the DMV so you can start using the USA ELT electronic lien and title system.

STEP 1 - LIENHOLDER SUBMITS ELT APPLICATION FORMS

- □ Forms must be filled out on your computer and then printed.
- Do not use a pen except for your signature. Sign in **BLUE** ink.
- □ All forms must be signed by a company officer (i.e. owner, president, VP, CEO).
- □ Mail us the <u>originals</u> (tracking service strongly encouraged):

USA ELT 700 S Royal Poinciana Blvd #701 Miami Springs, FL 33166

STEP 2 - USA ELT REVIEWS AND SUBMITS FORMS TO DMV

- □ Applications are reviewed in the order received and typically take 3 days for processing.
- □ We'll update you by email after we've reviewed your forms for accuracy and completeness.
 - If acceptable, we forward your forms to the State DMV office.
 - o If unacceptable, we will provide you with further instructions via email.
- □ Please note:
 - We cannot be responsible for delays caused by incomplete ELT applications.
 - Please track your mail to verify receipt. **Contacting USA ELT for a status update will result in a processing delay of all applications.** We'll be in touch after reviewing them.

STEP 3 - ELT ID NUMBER ISSUED & ACCOUNT ACTIVATION

- Once DMV receives and processes your forms they'll provide us with your ELT ID number.
- □ We email you your ELT ID number. This number must be entered on all title/lien applications submitted to the DMV to ensure that your electronic liens and titles are properly transmitted to your USA ELT account.



GEORGIA DEPARTMENT OF REVENUE Motor Vehicle Division - Electronic Lien & Title (ELT) Unit P.O. Box 740381, Atlanta, GA 30374-0381 • GeorgiaELT@dor.ga.gov

EXHIBIT A – AGENCY AGREEMENT

INSTRUCTIONS: All sections of this Agreement must be completed before an applicant ("Holder") can request or obtain motor vehicle information through a Georgia Department of Revenue ("Department") approved third party provider ("Vendor") to confirm owner identity, verify security interest or lien information, or otherwise process an transaction, through the Department's Electronic Lien and Title ("ELT") Program. Please send completed Agreements to GeorgiaELT@dor.ga.gov.

New ELT Account

Vendor Change Current ELT No.: ______ Requested Change Date: _____

SECTION A. APPLICANTINFORMA	TION	
FEIN:		Official Use Only Security Code Assigned:
Holder Company Name (Firm or Trade):		Telephone Number:
Account Contact Person:	E-mail Address:	Telephone Number:
Street Address (Physical Location):	City: State:	Zip Code:
Mailing Address (If Different):	City: State:	Zip Code:
Describe the primary function of your business:		
Describe how the motor vehicle information will be used:		
SECTION B. AUTHORIZATION		
I, an authorized representative of the Department's ELT Program throug vehicle records from the Department. (Holder Company Nam information, and process transactions.	h (Vendor I hereby authorize Vendor to make t e) to confirm owner identity, verify se	Name) and to obtain motor he records available to

SECTION C. STATEMENT OF UNDERSTANDING, CERTIFICATION, AND RATIFICATION

Instructions: Read the Statement of Understanding, Certification, and Ratification, then sign.

I understand that providing false or misleading information is cause for the denial of an application and/or refusal of any request for motor vehicle records. Such statements may also result in a bar from participation in the ELT program. Accordingly, I authorize the Commissioner of the Department, or the Commissioner's designee, to investigate any matter or statement contained in this request.

I understand that if this request is approved, I am agreeing to designate the Vendor as my agent and attorney-in-fact for the purposes of the ELT program.

I understand that the Vendor shall obtain motor vehicle records from the Department and make such records available for me to confirm ownership and security interest or lien information. All communications to the Department shall be through the Vendor.

I certify under penalty of perjury that: 1) all information in this application has been read and understood; 2) all information completed in this application is true and correct; and 3) the willful and unauthorized disclosure of information obtained from any Department record may result in penalties imposed under Title 18 U.S.C. Section 2724 and/or any other applicable law.

I certify that I am requesting Georgia motor vehicle title records for use ONLY in confirming ownership, verifying security interest or lien information, and processing transactions pursuant to the Federal Driver's Privacy Protection Act (DPPA) and Georgia law.

I certify that I have read that certain Contract By and Between the Department and Vendor for the Electronic Lien and Title Program ("Contract"), and by signing below, do ratify and agree to be legally bound by the acts of the Vendor and the requirements of a Holder under that Contract.

Signature(s) of Authorized Individual, Partners, Authorized Officer of Agent of the Holder

SIGN HERE

Signature

Print Name and Title

Date