



Certified Lienholder Intake

Information

This form is only for use for new financial institutions requesting to be a certified lienholder or to participate in the Texas Electronic Lien and Title (ELT) program. This form must be completed in its entirety. If you are an existing financial institution wishing to make a change to your current information, please complete the *Certified Lienholder Change Request* form.

The name and address provided in the "Financial Institution Information" section will be the name and address populated to the Texas title record. When submitting this form, you must also complete and submit the Service Level Agreement. The name of the financial institution and the service provider on this form must match the Service Level Agreement.

IMPORTANT: The department will not create multiple certified or ELT lienholder accounts under the same Federal Employer Identification Number (FEIN). Only one account per FEIN will be accepted.

Participation Type

Select Applicable Participation Type

Certified Certified lienholders are assigned a certified lienholder ID for use on Texas title applications. Entry of this number at the time of processing the title application results in the correct name and address appearing on Texas title record. A certified lienholder receives a **paper** Texas Certificate of Title.

Electronic Electronic certified lienholders are assigned an eTitle lienholder ID for use on Texas title applications. Entry of this number at the time of processing a title application results in the correct name and address appearing on the Texas title record. An electronic certified lienholder will be a participant in the Texas ELT system and **will not** receive a paper Texas Certificate of Title.

Implementation Information

Desired Implementation Date	Note: Actual implementation date will be determined by the Texas Department of Motor Vehicles.
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Financial Institution Information

Name (max. 30 characters)		Federal Employer Identification Number (FEIN)	
Address Line 1 (max. 30 characters)			
Address Line 2 (max. 30 characters)			
City (max. 19 characters)	State (2 characters)	Country (max. 4 characters)	Postal Code (9 characters)
Service Provider (Entity Submitting/Receiving Processing Files)			
<input type="checkbox"/> SecureTA <input type="checkbox"/> Dealertrack <input type="checkbox"/> Decision Dynamics, Inc. <input type="checkbox"/> PDP Group <input type="checkbox"/> VINtek, Inc. <input type="checkbox"/> None - Lienholder Self Processing			
<input type="checkbox"/> Other (Name): _____			

Technical Contact Information

Name of Entity	
Individual's Name	
Phone Number	Email

Service Level Agreement Contact Information

Name of Entity	
Individual's Name	
Phone Number	Email