

Security Interest Filing Statement (Filing Fee: \$20.00) The MVA should contact me at: __ for any questions regarding this application. (Email address) (Phone) Please print or type all information in black ink. Notice to secured party: To perfect your security interest: (Maryland title must accompany two copies of this form) The security interest as set forth 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 Make of Vehicle Body Style Vehicle Identification Number Maryland Title Number Year Type of Contract Account Number (MVA Use Only) Lien Code Name of Secured Party Date of Creation Amount of Lien State Street Address of Secured Party City County Zip Code Name of Debtor Street Address of Debtor City State County 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. 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 <u>not</u> in the business of making loans. Signature of Lien Holder's Authorized Agent ______ Date_____ Date_____ For MVA Use Only _____ Printed Name of Authorized Agent _____ **Assignment of Security Interest** Name of Assignee Street Address of Assignee City County State Zip Code Amount of Security Interest Assigned Date Assigned Full Amount Partial Amount 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