



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 originals (**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.
 - o **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:
 - o We cannot be responsible for delays caused by incomplete ELT applications.
 - o 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 ▪ ELT Unit

P.O. Box 740381, Atlanta, GA 30374-0381 ▪ GeorgiaELT@dor.ga.gov

EXHIBIT A – HOLDER AGREEMENT

INSTRUCTIONS: This Holder Agreement (“Agreement”) is an agreement by the applicant (“Holder”) and the third party provider (“ELT Vendor”) to abide by all applicable rules and terms of use of the Georgia Electronic Lien and Title (“ELT”) Program. All sections of this Agreement must be completed before a Holder can request or obtain motor vehicle information from the Department to confirm owner identity, verify security interest or lien information, or otherwise process a transaction through the Department’s ELT Program. Please send completed Agreements to GeorgiaELT@dor.ga.gov.

SECTION A. APPLICANT INFORMATION		
Name of Individual (Last Name, First Name, Middle Initial):		Official Use Only Security Code Assigned:
Holder Company Name:		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 _____ (Holder Name) request to participate in the Department’s ELT Program through _____ (Vendor Name) and to obtain motor vehicle records from the Department. I hereby authorize Vendor to make the records available to _____ (Holder Name) to confirm owner identity, verify security interest or lien information, and process transactions.		
		 _____ Signature

SECTION C. STATEMENT OF UNDERSTANDING AND CERTIFICATION

Instructions: Read the terms and indicate the Holder’s agreement by signing below.

I understand 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 being barred 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, and any of the Holder’s conduct related to participation in the ELT program.

I understand 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 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 understand that, as a Holder, I am not authorized to disseminate any information contained in a Department motor vehicle record to any third party for any reason without express written consent of the Department.

I certify under penalty of perjury: 1) all information in this Agreement has been read and understood; 2) all information provided in this application is true and correct to the best of my knowledge; 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 state law.

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

I certify I have read the Electronic Lien and Title Program Contract (“Contract”) by and between the Department and Vendor, and by signing below, do agree to be legally bound by the acts of the Vendor and the requirements of a Holder under that Contract.

Signature of Authorized Individual, Partner, Officer, or Agent of the Holder

SIGN HERE

Signature

Print Name and Title

Date