



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.**

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION AND NOTICE OF INTEREST - ELECTRONIC LIEN AND TITLE PROCESS**

2900 APALACHEE PARKWAY, MS68 RM. A332 - TALLAHASSEE, FL 32399-0610

Pursuant to Chapters 319, 320, and 328, Florida Statutes, this form is to be used by financial institutions and other Lienholders to enroll in Florida's Electronic Lien and Title (ELT) Program to secure liens electronically within Florida and to modify an ELT account with the Department.

A ACTION REQUESTED - To Be Completed

THIS APPLICATION IS FOR: (Please check one)

Initial Enrollment in ELT Program

Change of Third Party Provider

Change of Financial Institution Address and/or FEIN

Notice of Inactive Participant ELT Program

Change of Financial Institution Name

B LIENHOLDER (LH) INFORMATION – To Be Completed By Lienholder/Financial Institution

The Department assigns the Lienholder a DHSMV Customer Number upon initial enrollment and requires it on all requested ELT actions. If the Lienholder already has an assigned DHSMV Customer Number, it is to be listed and used. The Lienholder/Financial Institution must provide a Federal Employer Identification Number (FEIN) and any DHSMV-assigned suffix.

List your assigned DHSMV Customer Number:	Do You Have Any Other ELT DHSMV Customer Numbers? Yes No	If Yes, What Are They?
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Federal Employer Identification Number (FEIN):	DHSMV-assigned suffix:
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Name of Lienholder - Financial Institution/Doing Business As (DBA):

Note: Please include a copy of your Federal/State Charter/License with this Application.

TYPE OF BUSINESS/FINANCIAL INSTITUTION: (PLEASE CHECK ONE)

Florida Bank	Federal Credit Union
Florida Credit Union	Federal Savings & Loan
Florida Thrift & Loan	Out of State Bank
Florida Savings & Loans	Out of State Credit Union
Florida Finance Company	Out of State Finance Company
National Bank	Out of State Savings & Loans
Other:	Out of State Thrift & Loan

LH Mailing Address (Used for Your Titles):	City:	State:	Zip:
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LH Physical Address:	City:	State:	Zip:
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NAME OF ELT THIRD PARTY PROVIDER: (PLEASE CHECK ONE)

Auto Data Direct, Inc., 1379 Cross Creek Circle, Tallahassee, FL 32301 Office: 1-850-877-8804 Toll-Free: 1-866-923-3123 Fax: 1-850-877-5910	www.ADD123.com
AutoTitles America, Inc. 6807 53rd Avenue East, Bradenton, FL 34203 Office: 1-855-526-0855 Fax: 1-941-739-8846	www.AutoTitlesAmerica.com
Dealer Support Services, Inc., 1511 E. Lake Parker Drive, Suite 2, Lakeland, FL 33801 Office: 1-863-937-9739 Toll-Free: 1-800-848-8751 Fax: 1-863-937-9750	www.dmvelt.com
Decision Dynamics, Inc., P. O. Box 2078, Lexington, SC 29072 Office: 1-803-808-0117 Fax: 1-803-808-3780	info@etitlelien.com
FDI Collateral Management, 9750 Goethe Road, Sacramento, CA 95827 Office: 1-916-368-5300	www.dealertrack.com
Florida ELT, 700 S. Royal Poinciana Blvd. #701, Miami Springs, FL 33166 Office: 1-888-675-7477 Fax: 1-954-449-6028	www.floridaELT.com
INSTeTAG, Incorporated, 427 N. Magnolia Avenue, Orlando, FL 32801 Office: 1-407-254-0806 Ext. 2 Fax: 1-407-254-5988	Sales@instetag.com
PDP Group, Inc., 10909 McCormick Road, Hunt Valley, MD 21031 Office: 1-410-584-2099	contact@simplyelt.com
Secure Title Administration, Inc., 2975 Breckinridge Blvd., Duluth, GA 30096 Toll-Free: 1-866-742-1466	securetitleinfo@secureTA.com
Title Technologies, Inc., 14850 Montfort Drive, Suite 190, Dallas, TX 75254 Office: 1-866-689-0578 Option 2 – Sales Fax: 1-214-239-4563	ELTSupport@TitleTec.com
VINtek Inc., 1735 Market Street, Suite 900, Philadelphia, PA 19103 Office: 1-877-488-0517 Option 9 - Sales	cms.sales@dealertrack.com

Participating Lienholders agree to the following conditions and requirements:

- Lienholder/financial institutions must contract with one of DHSMV’s approved ELT Third Party Providers for transmission of all vehicle and title data.
- Lienholder/financial institutions must complete Sections A and B, then complete this form electronically and send a signed original copy to the selected Third Party Provider with a copy of the Lienholder’s Federal/State Charter/License, if applicable.
- This completed application must be submitted electronically to DHSMV by the authorized ELT Third Party Provider named in Section B. The Third Party Provider must retain the original signed completed application and all other documentation on file for audit purposes.
- Lienholder must provide the DHSMV Customer Number assigned by DHSMV to all loan recipients, motor vehicle, mobile home, and vessel dealers applying for title on the form HSMV 82040 “Application for Certificate of Title With/Without Registration” utilizing selected Lienholders services.
- Lienholder must work directly with the contracted Third Party Provider’s Help Desk to resolve all ELT discrepancies and data transmission issues.
- Lienholder must protect the confidentiality of the information and data to which Lienholder has access. At no time will the Lienholder furnish to any person, association, or organization any motor vehicle, mobile home, vessel, or title data received from DHSMV without DHSMV’s prior written consent.
- Lienholder has no proprietary rights to the information received from DHSMV.
- Lienholder understands that DHSMV and its employees shall not be liable to the Lienholder for any damage, costs, lost production, or any other loss of any kind for failure of DHSMV’s equipment, hardware, or software or for the loss of consequential damages that are the result of any other type of failure.
- Lienholder must comply with all applicable Florida Statutes and DHSMV policy and procedures as an ELT program participant.

Note: Applicant must have entered into a contract with Third Party Provider before applying to become an ELT Lienholder participant. If applicant is changing Third Party Provider: (1) all pending transactions with the previous Third Party Provider must be complete; (2) a contract must be signed with the new Third Party Provider and; (3) the Department must be notified prior to using the new provider’s services.

LH ADMINISTRATIVE CONTACT INFORMATION (List Below)

Name:	Phone#/Ext:
Email Address:	Fax#:

LH DATA PROCESSING CONTACT INFORMATION (If Applicable List Below)

Name:	Phone#/Ext:
Email Address:	Fax#:

LH AUTHORIZED REPRESENTATIVE/COMPANY CONTACT INFORMATION (For DHSMV Field Support Center List Below)

Name:	Phone#/Ext:
Email Address:	Fax#:

LH INFORMATION PROVIDED BY (List Below)

Name:	Phone#/Ext:
Email Address:	Fax#:


DHSMV WILL USE THE FOLLOWING INFORMATION FOR WORK PROJECTIONS AND UNDERSTANDING PROJECT DEVELOPMENT SCOPE IN ORDER TO PROVIDE EFFICIENT ASSISTANCE.

Approximate Number of Paper (Hard Copy) Titles On Hand:
Approximate Number of Titles Processed Weekly:

LH DESIGNEE NAME (Printed Name Below)

Name:	Phone#/Ext:
Email Address:	Fax#:
Title:	Company:

LH DESIGNEE (Signature Below)

	Date (mm/dd/yyyy):
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