

**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? |
|---|--|------------------------|

| | |
|--|------------------------|
| Federal Employer Identification Number (FEIN): | DHSMV-assigned suffix: |
|--|------------------------|

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: |
| LH Physical Address: | City: | State: | Zip: |

NAME OF ELT THIRD PARTY PROVIDER: (PLEASE CHECK ONE)

| | |
|---|--|
| Auto Data Direct, Inc., 1830 East Park Avenue, Suite 1, 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 | info@AutoTitlesAmerica.com |
| Dealer Support Services, Inc., 620 Coleman RD, Vine Grove, KY 40175 Office: 1-863-937-9739 Toll-Free: 1-800-848-8751 Fax: 1-863-937-9750 | dealerservices2025@gmail.com |
| DDI Technology, 1 Wellness Blvd Suite 201, Irmo, SC 29063 Office: 1-844-836-1621 Fax: 1-803-808-3780 | sales@dditechnology.com |
| Dealertrack Collateral Management Services, Inc., 9750 Goethe Road, Sacramento, CA 95827 | cms.sales@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., 200 Quality Cir Ste 100, College Station, TX 77845 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., 9750 Goethe Road, Sacramento, CA 95827 | 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): |
|--------------------------------------|--------------------|

C THIRD PARTY PROVIDER (TPP) AUTHORIZATION – To Be Completed By Third Party Provider

Requested ELT Start or End Date for Lienholder: **Start** **End**
(mm/dd/yyyy)

I certify that the entity above meets the requirements to become an authorized electronic Lienholder (ELT). The entity will abide by all laws, rules, procedures, and contractual obligations required. I will ensure that all lien transactions are done in accordance with laws and Department procedure. I further certify that state and county fees collected will be remitted electronically in accordance with state law. I understand that failure to comply with any laws, rules, or contractual terms shall be grounds for the Department to revoke my authorization to use the ELT system.

The applicant agrees to comply with section 119.0712 (2), Florida Statutes, and the Federal Driver's Privacy Protection Act (18 U. S. C. § 2721 et seq.). The applicant agrees that all personal information governed by these statutes will be used or redisclosed by the applicant only as permitted by these statutes. Any use or redisclosure of such personal information by the applicant except as permitted by these statutes will result in DHSMV revoking applicant's ability to use the system.

Under penalty of perjury, I do swear and affirm that the information contained in this application is true and correct and that applicant will abide by all laws of Florida and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles.

ELT THIRD PARTY PROVIDER DESIGNEE (Printed Name Below)

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

| | |
|--|--------------------|
| ELT THIRD PARTY PROVIDER DESIGNEE (Signature Below) | Date (mm/dd/yyyy): |
|--|--------------------|

For Department Use Only

Name of DHSMV Reviewer: _____ Date (mm/dd/yyyy): _____

PLEASE CHECK APPLICABLE BOX(ES)

Approved

Not Approved - List Reason(s):

Further Action Needed – List Action(s):
