



APPLICATION FOR SUPPLEMENTAL LIEN OR TRANSFER OF LIEN

Please complete entire application or go online to www.dwr.virginia.gov/GetBoating

To record a lien after the original certificate of title has been issued, please submit the following:

- A. This application for Supplemental Lien <u>completed</u> and <u>signed</u> by the titled owner(s) whose name(s) appear on the face of the Certificate of Title to a Vessel.
- B. The <u>original</u> Certificate of Title to a Vessel.
- C. Fee $\overline{\text{of } \$10.00}$ Please make check or money order payable to: "Treasurer of Virginia".

	DWR Customer ID:		DWR Cus	tomer ID:		
	Legal Name:		DWR Customer ID:			
	E:	Legal Name:		Legal Name: First MI Last		
	First MI	Last		First	MI	Last
	Address:		Address:			
	City Sta	te Zip		City	State	Zip
	City	ne Zip		City	State	Zip
	Daytime Telephone Number			Daytime Telephone Nur	nber	
2.	BOAT DESCRIPTION: VA Registration Nu	mber: VA				
	Hull Identification Number	Make		Model Year	Length	ft / inches
	DESCRIPTION OF MOTOR(S) TO BE RECORD		TE OF TITLE:	1110401 1041	zengui	it , indies
	Motor Make	Serial Numbe	er	Horsepower		
	Motor Make	Serial Numbe	er	Horsepower		
4.	PROPULSION (check one):					
	Air Thrust Sail Water Jet					
	Propeller Other (specify):					
5.	FUEL (check one):					
	Gasoline Diesel Other					
6.	LIEN INFORMATION:					
	Date of Lien:					
	Name of Lienholder:					
	Mailing Address:					
	Signature of all titled owners: X	City	Stat			
	y					_



TRANSFER OF LIEN - (For Lienholder's Use Only)

To transfer an existing lien to a new lienholder after the original certificate of title has been issued, please submit the following:

- A. This application for Supplemental or Transfer of Lien <u>completed</u> and <u>signed</u> by the lienholder(s) that appear on the face of the Certificate of Title to a Vessel.
- B. The <u>original</u> Certificate of Title to a Vessel
- C. Fee of \$10.00 Please make check or money order payable to: "Treasurer of Virginia".

NEW LIENHOLDER INFORMATION:						
Date of Lien:						
Name of New Lienholder:						
Mailing Address:						
The undersigned lienholders acknowledge this to be their free and voluntary act.						
Name of Current Lienholder	Signature and Title	Date				
Name of New Lienholder	Signature and Title	Date				

Please mail the completed application with the appropriate fees and supporting documentation to:

Department of Wildife Resources – Client Services PO Box 9930 Henrico, VA 23228-9930