

CALIFORNIA DMV ELT PROGRAM APPLICATION

(Application **MUST** be keyed)

Note: A Copy Of Your Business License/Charter/AOI MUST Accompany This Application

Fax Completed Applications to (916) 657-0896, or email to rodeltgrp@dmv.ca.gov

LIENHOLDER TYPE			
California Bank/Credit Union		California Savings & Loan	
California Finance Company		Title Loans	
Federal Credit Union		Federal Savings & Loan	
National Bank		Thrift & Loan	
Out of State Savings & Loan		Out of State Bank/Credit Union	
Out of State Finance Company		Other	

COMPANY NAME:	
EIN:	

NAME TO BE DISPLAYED ON TITLES:	
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PHYSICAL ADDRESS (IF MULTIPLE LOCATIONS USE HOME OFFICE)		
Address:		
City:	State:	Zip:

MAILING ADDRESS (USED FOR TITLES ONLY)		
Address:		
City:	State:	Zip:

ADMINISTRATIVE CONTACT
NAME:
EMAIL:
TELEPHONE# (+EXT):
FAX NUMBER:

COMPANY DMV CONTACT (<i>If different from above</i>)
NAME:
EMAIL:
TELEPHONE# (+EXT):

PERSON WHO WILL SIGN THE DMV CONTRACT
NAME:
EMAIL:
TELEPHONE# (+EXT):

TYPE OF ELT SOFTWARE TO BE USED	
WILL USE A SERVICE BUREAU	NAME:

If you have any questions, please send them to rodeltgrp@dmv.ca.gov

APPROXIMATE NUMBER OF PAPER TITLES ON HAND:	
APPROXIMATE NUMBER OF TITLES PROCESSED WEEKLY:	

DO YOU FINANCE LEASED VEHICLES?	LIC#
If you resell leased vehicles at the end of the lease to anyone except the lessee, per CVC Section 11600, CA DMV requires you to have a Lessor/Retailer license. If you have a DMV Lessor/Retailer License, please enter your license # above.	

DO YOU HAVE OTHER CA ELT ID NUMBERS? IF SO, WHAT ARE THEY?

CERTIFICATION	
INFORMATION PROVIDED BY:	
NAME:	
DATE:	
EMAIL:	
TELEPHONE#:	
SIGNATURE:	

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