

NEW LENDER SETUP REQUEST

ELT SYSTEM

DATE: _____

REQUESTED BY: _____

Print Name:

NEW LENDER TO LOUISIANA: _____ (Y/N)

IF YES, PROVIDE CURRENT ELT CODE: _____

NEW LENDER INFORMATION: (AS IT WILL APPEAR ON REG/TITLE)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EFFECTIVE DATE: _____

(Applicable if moving from another Louisiana Provider)

LATB USE ONLY

TRANSFER CODE EFFECTIVE: _____

NEW CODE: _____ **EFFECTIVE DATE:** _____

MVO SIGNATURE DATE