



# South Carolina Department of Motor Vehicles

## ELT Lienholder Application

**ELT-1**  
(Rev. 2/08)

**FOR DMV USE ONLY**

Acct. No. \_\_\_\_\_ Lienholder Customer Number \_\_\_\_\_

**1. LIENHOLDER INFORMATION**

Date submitted to the DMV (MM-DD-YY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Target Program Start Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Lienholder Name \_\_\_\_\_

President/CEO \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact's Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax # ( ) - \_\_\_\_\_ Telephone # ( ) - \_\_\_\_\_

Legal Business Name \_\_\_\_\_

FEIN \_\_\_\_\_

Approximate number of liens established per week \_\_\_\_\_

**2. PHYSICAL ADDRESS**

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**3. SPECIAL MAILING ADDRESS**

(If the business mailing address is different from the physical address)

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**4. ELT SERVICE PROVIDER INFORMATION**

(If your organization uses an ELT Service Provider)

Name of Provider PDP Group Inc

Street 10909 McCormick Rd Suite # \_\_\_\_\_

City Hunt Valley State MD Zip 21030

Country \_\_\_\_\_

**5. PROVIDE A LIST OF ADDITIONAL LIENHOLDER NAMES (Other than the legal name) USED ON TITLES**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**6. PROVIDE THE SC DMV CUSTOMER NUMBER TO BE USED AS THE ELT LIENHOLDER, IF DESIRED. OTHERWISE, DMV WILL ASSIGN THE ELT CUSTOMER NUMBER.**

ELT Customer Number \_\_\_\_\_