



Massachusetts ELT Program Lienholder Participant Information

Registry of Motor Vehicles · Title Division
P.O. Box 55885 · Boston, MA 02205-5889 · FAX 857-368-0827

Instructions

Please fax completed forms to 857-368-0827, Attention ELT Program.

Lienholder Information

Exact Name of Lienholder

Address of Lienholder City State Zip Code

Mailing Address City State Zip Code

Web Address Name/Title of the Contract Signer

MA Lienholder Code (if known) NMLS#

Service Provider Information

Service Provider Indirect Lender
 Yes No

Amount of Massachusetts Titles Processed Monthly/Annually List All states where you are currently enrolled in the ELT Program

Date of Training by Service Provider Requested Date of Implementation
(Please allow at least 10 business days)

Contact Person Information

Contact Person Name

Contact Email Contact Phone Number