



# 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/ FDIC/ NCUA/ Division of Banks #

## 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