REGISTRY OF MOTOR VEHICLES

Massachusetts ELT Program Lienholder Participant Information

Registry of Motor Vehicles ELT Program
P.O. Box 55885 · Boston, MA 02205-5889
Email: AtlasELT@dot.state.ma.us

Instructions

Please scan completed forms to: AtlasELT@dot.state.ma.us

Lienholder Information

Exact Name of Lienholder			
Physical 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

Sample - For Review Only