



ALABAMA DEPARTMENT OF REVENUE

MOTOR VEHICLE DIVISION

P.O. Box 327640 • Montgomery, AL 36132-7640

www.revenue.alabama.gov

MVT 20-1

6/20

Application For Certificate of Title to Record or Transfer a Lien

THIS FORM MAY ONLY BE USED TO RECORD A LIEN.

This form may not be used to transfer ownership or to apply for a replacement title.

No changes are permitted to the owner information, other than address changes.

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER

Grid for Vehicle Identification Number

VEHICLE INFORMATION fields: YEAR MODEL, MAKE, MODEL, DATE OF PURCHASE, ODOMETER READING, CURRENT ALABAMA TITLE NO.

OWNER INFORMATION

OWNER INFORMATION fields: NAME (LAST, FIRST, MIDDLE), ADDRESS, CITY, STATE, ZIP, FOR OFFICE USE ONLY

ALABAMA OPERATOR (LESSEE) INFORMATION (IF DIFFERENT FROM ABOVE)

ALABAMA OPERATOR (LESSEE) INFORMATION fields: NAME, ADDRESS, CITY, STATE, ZIP

LIEN INFORMATION (FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD)

LIEN INFORMATION fields: LIEN DATE (MM/DD/YY), NAME FIRST LIENHOLDER, MAILING ADDRESS, CITY, STATE, ZIP (FELONY OFFENSE FOR FALSE ADDRESS), NAME SECOND LIENHOLDER, MAILING ADDRESS, CITY, STATE, ZIP (FELONY OFFENSE FOR FALSE ADDRESS)

SECTIONS A AND B OR SECTION C MUST BE COMPLETED

A I, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE AND THIS VEHICLE WILL NOT BE THE SUBJECT OF LIEN PRIOR TO RECEIPT OF TITLE UNLESS INDICATED ABOVE. I FURTHER CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER SIGNATURE(S) (PERSONALLY SIGNED BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRM)

B I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LIENHOLDER NAME, AUTHORIZED SIGNATURE, DATE

C THE UNDERSIGNED ASSIGNOR AND ASSIGNEE CONFIRM THAT THE LIEN HELD BY THE ASSIGNOR HAS BEEN TRANSFERRED TO THE ASSIGNEE. BOTH PARTIES HEREBY REQUEST THAT A NEW CERTIFICATE OF TITLE BE ISSUED SUBJECT TO THE LIENS LISTED ON THIS APPLICATION.

ASSIGNOR LIENHOLDER NAME, AUTHORIZED SIGNATURE

DATE

ASSIGNEE LIENHOLDER NAME, AUTHORIZED SIGNATURE

DATE

NOTE: LIEN DATE FOR TRANSFERRED LIEN(S) MUST REMAIN THE SAME.

NOTICE OF SECURITY INTEREST

SIGN COMPLETED FORM ONLY, FELONY OFFENSE FOR FALSE STATEMENTS

Submit \$15.00 Application Fee in certified funds (non-refundable) payable to Alabama Department of Revenue.