



# Request For Assignment and Transfer of Lien

Alabama Department of Revenue  
 Motor Vehicle Division • Title Section  
 P. O. Box 327640, Montgomery, AL 36132-7640

TITLE NUMBER \_\_\_\_\_ DEPARTMENT USE ONLY \_\_\_\_\_

TYPE OR PRINT ONLY

**NOTE: THE OUTSTANDING TITLE MUST ACCOMPANY THIS FORM, WITHOUT LIEN RELEASED ON FACE OF TITLE, AS A SUPPORTING DOCUMENT**

<b>VEHICLE INFORMATION</b>	VEHICLE IDENTIFICATION NUMBER				TRANS CODE <b>04</b>	YEAR MODEL	MAKE	MODEL	BODY TYPE	PREVIOUS ALABAMA TITLE NUMBER
	CYLS	NEW <input type="checkbox"/>	USED <input type="checkbox"/>	DEMO <input type="checkbox"/>	DATE OF PURCHASE	NUMBER LIENS	COLOR	CURRENT ODOMETER READING	DEPARTMENT USE ONLY	

**THE FOLLOWING SECTIONS MUST BE FILLED OUT COMPLETELY**

<b>OWNER INFORMATION</b>	NAME (LAST NAME MUST BE LISTED FIRST)		FELONY OFFENSE FOR FALSE ADDRESS		<b>DEPARTMENT USE ONLY</b>	
	MAILING ADDRESS					
	CITY	STATE	ZIP			
	ALABAMA OPERATOR (LESSEE) NAME AND/OR RESIDENT ADDRESS IF DIFFERENT FROM ABOVE		FELONY OFFENSE FOR FALSE ADDRESS			
<b>LIEN INFORMATION</b>	ADDRESS		COUNTY			
	CITY	STATE	ZIP			
	<b>FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD</b>					
	FIRST LIENHOLDER NAME		LIEN DATE			
	ADDRESS					
	CITY	STATE	ZIP			
	<b>FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD</b>					
	SECOND LIENHOLDER NAME		LIEN DATE			
	ADDRESS					
CITY	STATE	ZIP				
<b>FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD</b>						
THIRD LIENHOLDER NAME		LIEN DATE				
ADDRESS						
CITY	STATE	ZIP				
LOCATOR NUMBER _____						
REJECT TO: _____						
REASONS: _____						
EXAMINER NUMBER: _____						
ENCL: _____						

**BOTH ASSIGNOR AND ASSIGNEE MUST COMPLETE AND SIGN**

### ASSIGNOR

The lien shown in the name of the undersigned assignor on Certificate of Title No. \_\_\_\_\_ issued on \_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ whose address is: Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ is hereby assigned to \_\_\_\_\_ whose address is: Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
Lienholder (Assignor)

\_\_\_\_\_  
Authorized Signature

### ASSIGNEE

The undersigned assignee confirms transfer of the lien as described by the assignor and hereby requests that a new Certificate of Title be issued subject to all liens listed on this application.  
 Name (Assignee): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Lien: \_\_\_\_\_ (Same as on Title)

\_\_\_\_\_  
Lienholder (Assignee)

\_\_\_\_\_  
Authorized Signature

## DEPARTMENT CORRECTION

Please  
Check

	TC		MAKE
	YR. MODEL		MODEL
	BT		PAT
	CYL.		N-U-D
	DATE OF PUR.		# LIENS
	ODOMETER		LIEN DATE
	OTHER:		RES. ADDRESS

### FOR DEPARTMENT USE ONLY

ABOVE INFORMATION APPLIES ONLY TO  
VEHICLE IDENTIFIED ON FACE OF APPLICATION