



Electronic Lien & Title State Registration Instructions

These forms are required to provide your business with an ELT Identification Number from the DMV so you can start using the USA ELT electronic lien and title system.

STEP 1 - LIENHOLDER SUBMITS ELT APPLICATION FORMS

- Forms must be filled out on your computer and then printed.
- Do not use a pen except for your signature. Sign in **BLUE** ink.
- All forms must be signed by a company officer (i.e. owner, president, VP, CEO).
- Mail us the originals (**tracking service strongly encouraged**):

USA ELT
700 S Royal Poinciana Blvd #701
Miami Springs, FL 33166

STEP 2 - USA ELT REVIEWS AND SUBMITS FORMS TO DMV

- Applications are reviewed in the order received and typically take 3 days for processing.
- We'll update you by email after we've reviewed your forms for accuracy and completeness.
 - o **If acceptable, we forward your forms to the State DMV office.**
 - o If unacceptable, we will provide you with further instructions via email.
- Please note:
 - o We cannot be responsible for delays caused by incomplete ELT applications.
 - o Please track your mail to verify receipt. **Contacting USA ELT for a status update will result in a processing delay of all applications.** We'll be in touch after reviewing them.

STEP 3 - ELT ID NUMBER ISSUED & ACCOUNT ACTIVATION

- Once DMV receives and processes your forms they'll provide us with your ELT ID number.
- We email you your ELT ID number. This number must be entered on all title/lien applications submitted to the DMV to ensure that your electronic liens and titles are properly transmitted to your USA ELT account.**



**ENROLLMENT FORM FOR NORTH CAROLINA ELT
ELECTRONIC LIEN AND TITLE SERVICE**

This form is for use by North Carolina lienholders to register for electronic lien and title service.

1. Complete entirely and have the Company Owner, President or CEO sign.
2. Mail the original form + proof of company EIN to:
USA ELT, 700 S Royal Poinciana Blvd #701, Miami Springs, FL 33166

Questions? 1 (888) 675-7477

ACTION REQUESTED (check one)		DATE REQUESTED
<input type="checkbox"/> Initial Enrollment in ELT Program	<input type="checkbox"/> Deactivate ELT	
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change of Address	
<input type="checkbox"/> Change of Provider	<input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Both	

* Required LIENHOLDER INFORMATION	
* EIN #	
* Company Name	
DBA (if applicable)	
* Mailing Address	
Physical Address (if different from Mailing)	
NC Primary Customer ID # (not required for enrollment)	

PRIMARY CONTACT INFORMATION			
* Full Name		* Position	
* E-Mail		* Phone	

I have chosen North Carolina ELT From the approved [Service Provider list](#) for ELT services in North Carolina to be my official service provider and grant them permission to enroll us as their client. Under penalties of perjury, I certify and declare the following: 1) that the EIN number shown on this form is the correct taxpayer identification number for the company noted above; 2) that I have read and acknowledge the entire document; 3) that the information provided is accurate and true; 4) that I have the respective rights to act as a duly authorized signer for the company noted above.



CEO/President/Owner Name **Signature** **Title** **Date**