

Registration Details

Note: In these questions, the words "you" and "your" refer to the person claiming the lien.

1. Did you repair or store the vehicle? No Yes *If yes, complete the following:*
 - a. Do you still have possession of the vehicle? No Yes *If yes, proceed to question 3.*

yyyy/mm/dd
 - b. If repaired or stored on your premises, when did you release it?

yyyy/mm/dd
 - c. If repaired off your premises, when did you finish the repairs?

yyyy/mm/dd

2. Did you provide accessories or parts for the vehicle? No Yes *If yes, when were they provided:*

3. How much is the lien (in dollars and cents)? \$

Vehicle Owner(s)

Owner 1 *Select one* Business Individual

Business Name or Last Name	First Name	Middle Name	Birthdate (if known) yyyy/mm/dd
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner 2 *Select one* Business Individual

Business Name or Last Name	First Name	Middle Name	Birthdate (if known) yyyy/mm/dd
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person Claiming Lien

Select one Business Individual

Secured Party Code	Business Name or Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe Motor Vehicle, Farm Vehicle, Aircraft or Boat

Serial Number	Year (yyyy)	Make and Model	Category
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Your Reference Number
			<input type="text"/>

Authorized Signature Name of Person Authorized to Complete this Form (PRINT) Telephone number Call Box Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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