

## 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"/>

<b>Authorized Signature</b>	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"/>