



# LIENHOLDERS OR LEASING COMPANY INFORMATION

LIENHOLDER/LEASING COMPANY NAME

Lienholder/Leasing Co. Street Address, Including City, State, and Zip Code

### **CUSTOMER'S EMAIL**

FIRST OWNER

SECOND OWNER

COMPLETE MAILING ADDRESS

VEHICLE VIN#

VEHICLE MAKE, MODEL, YEAR

**CUSTOMER PHONE #** 

for any vehicle being leased.

and mailed to you.

Signature

CHOOSE LOCATION:	Lienholder is to mail this form and the title to the DMV location selected by customer
DOVER DMV:	303 Transportation Circle, Dover, DE 19901 or PO Box 698, Dover, DE 19903
DEL CITY DMV:	2101 Mid County Dr. New Castle, DE 19720
WILMINGTON DMV:	2230 Hessler Blvd New Castle, DE 19720
GEORGETOWN DMV:	23737 Dupont Blvd Georgetown, DE 19947
REASON FOR REQUEST: (select reason below)	I am (we are) applying for the following on the above-described vehicle:
Change of name due to	stration (out of state vehicles require VIN verification / inspection) o marriage, court order, etc. Any transfers,(i.e. adding or dropping a name), of permission from the lien holder/leasing company. sense plate.
In order to obtain a Destate title.	elaware title and registration for the first time, the Division must have the original out-of-
<ul> <li>In order to change a name or license plate number on a Delaware title, the Division must have the original Delaware title</li> </ul>	
• The Division must have a notarized power of attorney from the lessor to the lessee to sign the title application	

• Upon receipt of the above, a new Delaware title listing you as lienholder/leasing company will be issued

Date

#### **INSTRUCTIONS FOR MV35**

### NAME AND ADDRESS OF LIENHOLDER/LEASING CO:

 Print the name and address of your lienholder/ leasing company, bank, credit union or finance company.

### OWNER OF THE VEHICLE'S INFORMATION:

• Print your email, name and Delaware address, the vehicles VIN# (Serial No.), make, model, year of your vehicle and your phone number.

# CHOOSE THE DMV LOCATION FOR LIENHOLDER/LEASING CO TO MAIL YOUR TITLE TO:

• Dover, Del City, Wilmington, or Georgetown

### **REASON FOR THE REQUEST:**

• Check the appropriate block for which you are requesting your title.

## SIGNATURE OF APPLICANT: Sign your name(s)

Mail or Fax the completed form to your lienholder/leasing company. Please call your lienholder/leasing company for the correct mailing address or fax number and the name of the person and/or department that the form should be mailed/faxed to.

# DO NOT mail this form to the Division of Motor Vehicles.

Once the Division of Motor Vehicles receives your existing title from your lienholder/leasing company, we will contact **you by email if provided on this form or by post card.** You will be able to go to the location selected and process your transaction.

## Titles will only be held for a maximum of 60 days.

For questions and inquiries on the status of your title, you may email DMVCustomerService@delaware.gov or call your local office:

Wilmington - 302-434-3200 Dover - 302-744-2500 Delaware City - 302-326-5000 Georgetown - 302-853-1000