



LIEN SALE SECTION  
P.O. BOX 932317  
SACRAMENTO, CA 94232-3170

**APPLICATION FOR LIEN SALE AUTHORIZATION  
AND LIENHOLDER'S CERTIFICATION  
VESSEL OR VESSEL/TRAILER VALUED OVER \$1,500**  
Harbors & Navigation Code 503

**NOTE: A FILING FEE OF \$8.00 MUST ACCOMPANY THIS APPLICATION.**

|   |           |                               |                      |                  |
|---|-----------|-------------------------------|----------------------|------------------|
| VESSEL CF NUMBER  |           | HULL NUMBER                   |                      |                  |
| BUILDER   | YR. MODEL | TYPE                          | LENGTH               | STATE REGISTERED |
| TRAILER LICENSE NUMBER  |           | VEHICLE IDENTIFICATION NUMBER |                      |                  |
| MAKE  | YR. MODEL | TYPE                          | STATE REGISTERED     |                  |
| LIST RECEIPT NUMBERS ON ANY OPERATING PERMITS ON VESSEL/TRAILER |           |                               | CURRENT MARKET VALUE |                  |

**NOTE:** Either the CF number or hull number must be listed on this application. If both are missing, the vessel must be inspected by either DMV, law enforcement officer or licensed vessel verifier and a written inspection must accompany this application.

I have a lien against the above vessel/trailer and request authorization to hold a lien sale. The amount and basis for my lien is:

Towing \$ \_\_\_\_\_ Repairs \$ \_\_\_\_\_ DMV Filing Fee \$ \_\_\_\_\_

Storage \$ \_\_\_\_\_ to date at a rate of \$ \_\_\_\_\_ per day

Lien Sale Costs \$ \_\_\_\_\_

Date vessel or vessel/trailer came into my possession \_\_\_\_\_

Public agency authorized tow/storage OR  Date owner billed: \_\_\_\_\_

Other \$ \_\_\_\_\_ for (explain) \_\_\_\_\_

**NOTE: Application for lien sale must be submitted within 60 days of the date the bill is submitted to the owner. This application is not an authorization for lien sale.**

The names and addresses of the registered owner, legal owner and all parties known to me to have an interest in the vessel or vessel/trailer are listed on this application.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I have no information or belief that there is a valid defense to the claim which gives rise to the lien.

|                                     |           |                          |           |
|-------------------------------------|-----------|--------------------------|-----------|
| DATE                                | SIGNATURE |                          |           |
| BUSINESS NAME OF LIENHOLDER (PRINT) |           |                          |           |
| ADDRESS                             |           |                          |           |
| CITY                                | STATE     | ZIP CODE                 | PHONE NO. |
| LIENHOLDER'S AGENT                  |           | REGISTRATION SERVICE NO. |           |
| ADDRESS                             |           |                          |           |
| CITY                                | STATE     | ZIP CODE                 | PHONE NO. |

**NOTE: This application may be used only for vessels or vessel/trailer combination.**

**SUSPENSE RECEIPT AND VALIDATION AREA**  
*(Please do not write in this space)*

The name and address of the person billed or law enforcement agency authorizing removal of the vessel or vessel/trailer:

|         |           |          |
|---------|-----------|----------|
| NAME    | PHONE NO. |          |
| ADDRESS |           |          |
| CITY    | STATE     | ZIP CODE |

The names and addresses of the Registered and Legal Owners as shown on the Certificate of Number or Registration Card:

|   |                |
|---|----------------|
| REGISTERED OWNER (PRINT LAST, FIRST & MIDDLE) | PHONE NO.      |
| ADDRESS                                       |                |
| CITY  | STATE ZIP CODE |

|                     |                |
|---------------------|----------------|
| LEGAL OWNER (PRINT) | PHONE NO.      |
| ADDRESS             |                |
| CITY                | STATE ZIP CODE |

The names and addresses of any other parties known to me to have an interest in the vessel or vessel/trailer:

|                                   |                |
|-----------------------------------|----------------|
| NAME (PRINT LAST, FIRST & MIDDLE) | PHONE NO.      |
| ADDRESS                           |                |
| CITY                              | STATE ZIP CODE |

|                                   |                |
|-----------------------------------|----------------|
| NAME (PRINT LAST, FIRST & MIDDLE) | PHONE NO.      |
| ADDRESS                           |                |
| CITY                              | STATE ZIP CODE |

|                                   |                |
|-----------------------------------|----------------|
| NAME (PRINT LAST, FIRST & MIDDLE) | PHONE NO.      |
| ADDRESS                           |                |
| CITY                              | STATE ZIP CODE |

FOLD HERE FOR FILING PURPOSES