



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