



# INDIANA ELECTRONIC LIEN AND TITLE PARTICIPATING LENDER APPLICATION

State Form 53067 (R2 / 12-24)  
INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 North Senate Avenue, N483  
Indianapolis, IN 46204

The legal authority for this form is IC 9-17-5-6.

**INSTRUCTIONS:**

1. This form is to be used by financial institutions and other lenders to enroll or modify an existing account in Indiana's Electronic Lien and Title (ELT) Program.
2. Lenders must complete Sections 1, 2, and 3, then forward this form to their ELT Service Provider.
3. The ELT Service Provider named in section 3 must submit this completed application to the Indiana BMV.

SECTION ONE – ACTION REQUESTED BY FINANCIAL INSTITUTION / LENDER			
Check the action that is being requested			
<input type="checkbox"/> Initial Enrollment in ELT Program	<input type="checkbox"/> Change of Service Provider		
<input type="checkbox"/> Removal from ELT Program	<input type="checkbox"/> Change of Financial Institution / Lender Address		
<input type="checkbox"/> Change of Financial Institution / Lender Name			
SECTION TWO – FINANCIAL INSTITUTION / LENDER INFORMATION			
If there are more than four addresses, attach them on a separate sheet			
Lender Name	ELT ID (If applicable)	FEIN	
Mailing Address 1	City	State	Zip Code
Mailing Address 2	City	State	Zip Code
Mailing Address 3	City	State	Zip Code
Mailing Address 4	City	State	Zip Code
SECTION THREE – AUTHORIZED REQUESTER'S SIGNATURE			
<b>By signing below, Participating Lenders agree to the following conditions and requirements:</b>			
<ul style="list-style-type: none"> <li>- The lender must provide their ELT ID assigned by the Indiana BMV to all loan recipients and dealers utilizing selected lender services. The lender must require that all dealers utilizing selected lender services record the ELT ID on the Indiana Application for Certificate of Title with the accompanying lienholder information.</li> <li>- The lender must work directly with their chosen provider's Help Desk to resolve all ELT discrepancies and data transmission issues.</li> </ul>			
Authorized Requester's Signature			
Printed Name of Authorized Requester		Telephone Number	Date (mm/dd/yyyy)
Email Address of Authorized Requester		Provider	
SECTION FOUR – ELT SERVICE PROVIDER AUTHORIZATION			
This section must be completed and signed by an ELT Service Provider			
Printed Name of Provider Employee Authorizing ELT Account		Title of Provider Employee	Telephone Number
Email Address of Authorizing Provider Employee	Requested Date of Change (mm/dd/yyyy)		Provider Employee Signature