

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0610

LIEN SATISFACTION

CHECK ONE: **Motor Vehicle** **Mobile Home** **Vessel**

TITLE NUMBER				IDENTIFICATION NUMBER				
VESSEL REGISTRATION NUMBER						MANUFACTURER		
YEAR	MAKE	MODEL	BODY	WT.-L.- BHP	PREV. REG.	COLOR	TYPE	USE
ODOMETER - DATE READ		REMARKS				DMV	PREV. ISSUE DATE	

REGISTERED OWNER(S) (LAST NAME FIRST)

DATE OF ISSUE
MO. DAY YEAR

NAME(S):

ADDRESS:

1 ST LIENHOLDER

LIEN DATE
MO. DAY YEAR

LIEN SATISFACTION DATE
MO. DAY YEAR

NAME:

ADDRESS:

2 ND LIENHOLDER

LIEN DATE
MO. DAY YEAR

LIEN SATISFACTION DATE
MO. DAY YEAR

NAME:

ADDRESS:

LIEN SATISFACTION

THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HEREON ACKNOWLEDGES SATISFACTION THEREOF. NOTE: IF THE 1ST AND 2ND LIENHOLDER ARE THE SAME PERSON OR ENTITY AND ONLY ONE LIEN IS BEING SATISFIED, DO NOT PERFORATE OR USE A PAID STAMP. COMPLETE THE APPROPRIATE SPACE BELOW FOR THE LIEN THAT IS BEING SATISFIED. **UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

1ST LIEN _____ BY _____
(LIENHOLDER) (AUTHORIZED LIENHOLDER'S SIGNATURE)

2ND LIEN _____ BY _____
(LIENHOLDER) (AUTHORIZED LIENHOLDER'S SIGNATURE)

NOTE: LIENHOLDER MUST COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM INCLUDING DESCRIPTION OF MOTOR VEHICLE, MOBILE HOME OR VESSEL, NAME AND ADDRESS OF OWNER, AND NAME AND ADDRESS OF LIENHOLDER. THE DATE OF LIEN MUST BE THE SAME AS THAT SHOWN ON TITLE CERTIFICATE. THE LIEN SATISFACTION MUST BE PROPERLY EXECUTED AND MAILED TO DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES, DIVISION OF MOTOR VEHICLES, NEIL KIRKMAN BUILDING, TALLAHASSEE, FLORIDA 32399-0500 BY THE LIENHOLDER **WITHIN TEN DAYS** AFTER FINAL PAYMENT FOR MOTOR VEHICLES AND MOBILE HOMES AND THIRTY DAYS FOR VESSELS.