



REQUEST OF TITLE FROM LIENHOLDER TO DMV



LIENHOLDERS OR LEASING COMPANY INFORMATION

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

LIENHOLDER/LEASING COMPANY NAME

CUSTOMER'S EMAIL

FIRST OWNER

SECOND OWNER

STREET ADDRESS

VEHICLE VIN#

VEHICLE MAKE, MODEL, YEAR

CUSTOMER PHONE #

CHOOSE LOCATION:

Lienholder is to mail this form and the title to the DMV location selected by customer

___ DOVER DMV: 303 Transportation Circle, PO Box 698 Dover, DE 19901

___ 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: I am (we are) applying for the following on the above-described vehicle:
(select reason below)

___ Delaware title and registration

___ Change of name due to marriage, court order, etc. Any transfers, (i.e. adding or dropping a name), require a signed letter of permission from the lien holder/leasing company.

___ Change of Delaware license plate.

- In order to obtain a Delaware title and registration for the first time, the Division must have the **original out-of-state title**.
- The Division must have a **notarized power of attorney** from the lessor to the lessee to sign the title application for any vehicle **being leased**.
- **Upon receipt of the above, a new Delaware title listing you as lien-holder/leasing company will be issued and mailed to you.**

Signature: _____

Date: _____

Signature: _____

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 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.