



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET  
HARRISBURG, PENNSYLVANIA 17120  
<http://www.puc.pa.gov>

March 12, 2026

A-6428728  
A-2026-3061040

LLS TOWING & RECOVERY LLC  
12319 BIG VALLEY PIKE  
MILL CREEK PA 17060

**RE: APPLICATION OF LLS TOWING & RECOVERY LLC**

To Whom It May Concern:

On March 12, 2026, the application of *LLS Towing & Recovery LLC*, at A-2026-3061040, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. For the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, Pennsylvania 17120

**ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by mail.**

A-2026-3061040

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Lorelli Swanger hereby state that the facts set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

*Lorelli A Swanger*

April 22, 2026

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Compliance Specialist Kevin Morgan, Bureau of Technical Utility Services at (717) 787-2687. Faxed or emailed filings are **not** accepted.

Sincerely,

*Matthew L. Homsher*

Matthew L. Homsher  
Secretary

Enclosure

Docket No. A-2026-3061040  
LLS TOWING & RECOVERY LLC

Request for Information

1.) Question # 8 of the Verified Statement.

A.) Have you verified that your policy would support the filing of a Form E with the Commission? Yes

Page #2 Ins. Info.

2.) Financial Position.

A.) Please verify that all assets and debts listed (for example: vehicle loan balances/vehicle asset value, etc.) in the submitted Statement of Financial Position (Balance Sheet) are held by the applicant (LLS Towing & Recovery LLC) and not the member(s). Any property listed **MUST** be held to the company which is applying for authority. In your submission, you provided information which states the company owns land/building(s). We need to know if the applicant is co-mingling its assets/debts, which is not permissible. If you have erroneously comingled the applicant's company assets/debts with those of the company member's personal assets/debts, then a revised and improved Balance Sheet with an explanation of what was changed and why is required. Page 8 of Application / Answer Sheets

- Based on submitted information on the application and balance sheet, the Commission determines that Page 7

LLS Towing & Recovery LLC lacks financial position to gain a Certificate of Public Convenience.

- To show improved financial fitness you should show a substantial cash asset amount to cover any costs, vehicle maintenance, insurance coverage, assessments, or possible fines, etc. Page #1 Bank Statement

- Please ensure that the figures provided are accurate as of the date provided on the balance sheet, and that all figures provided are based on the best available information. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Page #7

B.) At this point it is expected that the applicant's account is now filled and ready to commence operations with the ability to provide safe, efficient, and reliable service. Please provide supporting documentation for the improved balance sheet. Acceptable means of support include current copies of bank statements or notarized/official statements of account balances/ownership provided by bank officers (with current contact information) in the name of "LLS Towing & Recovery LLC". (account numbers may be redacted) Page # 1

- Any assets which may need transferred to the applicant should happen prior to adding them to the balance sheet.

C.) Submit proof of ownership of the claimed vehicles and the land/building, such as registrations, titles, purchase agreements, deeds, etc. All proof must be in the name of "LLS Towing & Recovery LLC" or remove these personal items from the applicant's Balance Sheet. Roll Back Title

Page # 8

D.) To be clear, is \$20,000 due within 1 year as reported on the Balance Sheet? PERSONAL LOAN

Note: It is the responsibility of the applicant seeking motor common carrier authority to demonstrate that it possesses the financial ability to provide the proposed service. As per 52 Pa. Code §41.14, applications may be denied if the applicant fails to satisfy fitness standards. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier-related proceedings is highly encouraged.



A-2026-3061040

LLS TOWING & RECOVERY LLC  
 LORELI L SWANGER SOLE MBR  
 12319 BIG VALLEY PIKE  
 MILL CREEK PA 17060-9643

30  
0  
1

=====

BUSINESS NON-INT ACCOUNT XXXXXX

=====

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT .....			02/27/26	4,359.89
DEPOSIT		2,241.20	03/06/26	6,601.09
TELLER WITHDRAWAL - INPERSON	1,000.00		03/06/26	5,601.09
XX0524 PURCHASE-PIN 03/12 14:16 AUTOZONE 1812 HUNTINGD				
ON PA 1s350000 972569	286.19		03/12/26	5,314.90
XX0524 PURCHASE-SIG 03/13 12:00 PROGRESSIVE INS MAYFIE				
LD VLG OH 30837180 70	647.00		03/16/26	4,667.90
CHECK # 1100	858.20		03/16/26	3,809.70
XX0524 PURCHASE-SIG 03/18 15:47 BELLEVILLE MINIT BELLE				
VILLE PA 89031044 395	71.00		03/19/26	3,738.70
DEPOSIT		500.00	03/23/26	4,238.70
DEPOSIT		1,257.71	03/23/26	5,496.41
XX0524 PURCHASE-SIG 03/21 18:56 LOWES #00907 WILKESBO				
RO NC 14680984 337883	68.78		03/23/26	5,427.63
XX0524 PURCHASE-SIG 03/21 10:24 KWIK FILL 250 HUNTINGD				
ON PA 9297 004058	75.00		03/23/26	5,352.63
XX0524 PURCHASE-SIG 03/21 10:31 KWIK FILL 250 HUNTINGD				
ON PA 61201385 212056	138.10		03/23/26	5,214.53
XX0524 PURCHASE-PIN 03/23 12:44 SQ DONNELLY QUA MT UN				
ION PA 77827301 60821	256.65		03/23/26	4,957.88
XX0524 PURCHASE-SIG 03/21 18:56 LOWES #00907 WILKESBO				
RO NC 46811069 361330	26.49		03/24/26	4,931.39
XX0524 PURCHASE-PIN 03/25 06:22 BELLEVILLE MINIT BELLE				
VILLE PA 90980601 198	25.19		03/25/26	4,906.20
XX0524 PURCHASE-SIG 03/26 13:57 IN PEIGHT WELDI BELLE				
VILLE PA 66571241 918	138.38		03/27/26	4,767.82
DEPOSIT		673.50	03/31/26	5,441.32
TELLER WITHDRAWAL - INPERSON	673.50		03/31/26	4,767.82
BALANCE THIS STATEMENT .....			03/31/26	4,767.82
TOTAL DAYS IN STATEMENT PERIOD 02/28/26 THROUGH 03/31/26:				32
TOTAL CREDITS	(4)	4,672.41	MINIMUM BALANCE	3,738.70
TOTAL DEBITS	(13)	4,264.48	AVERAGE BALANCE	4,717.19

\* \* \* CONTINUED \* \* \*

Named insured

**Policy number: 868135769**

Underwritten by:  
 United Financial Casualty Company  
 January 14, 2026  
 Policy Period: Jan 13, 2026 - Jul 13, 2026  
 Page 1 of 2

Loreli Swanger  
 12319 BIG VALLEY PIKE  
 MILL CREEK, PA 17060

A-2026-3061040

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

**1-610-693-5000**

**THE KATHY BARRY AGCY**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

**This form is nonparticipating with regard to paying dividends to policyholders.**

Your coverage began the later of January 13, 2026 at 12:01 a.m. or the effective time shown on your application. This policy period ends on July 13, 2026 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852PA (10/20), 1652PA (02/19), 4881PA (02/19), 4852PA (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

### COLLISION COVERAGE FOR RENTAL VEHICLES

**IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.**

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$298
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		3
Underinsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		5
Basic First Party Benefit - Full Tort			13
Medical Expense Benefit Without Workers Comp	up to \$25,000		
Income Loss Benefit Without Workers Comp	up to \$1,500 each month/\$25,000 maximum		5
<b>Total 6 month policy premium</b>			<b>\$324</b>

### Rated drivers

- Loreli Swanger

A-2026-3061040

**Auto coverage schedule**

- 1. **2013 CHEVROLET EXPRESS G3500**  
 VIN: **1GAZG1FA8D1172729** Garaging Zip Code: 17060 Radius: 50 miles  
 Personal use: N Body type: Passenger Van

Liability Premium	Liability Premium	UM Premium	UIM Premium	PIP Premium	Income Loss Premium	Auto Total
\$298	\$298	\$3	\$5	\$13	\$5	<b>\$324</b>

**Premium discount**

Policy	Discount
868135769	Paid In Full

**Penalty for Insurance Fraud**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Company officers**

*Cory W. Fincher*

President

*Patricia M. Lewis*

Secretary



A-2026-3061040

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/21/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> THE KATHY BARRY AGCY 949 W PENN AVE, ROBESONIA, PA 19551		<b>CONTACT NAME:</b> Progressive Commercial Lines Customer and Agent Servicing <b>PHONE (A/C, No, Ext):</b> 1-800-444-4487 <b>E-MAIL ADDRESS:</b> progressivecommercial@email.progressive.com	
		<b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> United Financial Casualty Company	
		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	
<b>INSURED</b> Loreli Swanger 12319 Big Valley Pike Mill Creek, PA 17060		<b>NAIC #</b> 11770	

**COVERAGES**                      **CERTIFICATE NUMBER:** 814349594198390304D042126T103740                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	868135769	01/13/2026	07/13/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$250,000 BODILY INJURY (Per accident) \$500,000 PROPERTY DAMAGE (Per accident) \$100,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	868135769	01/13/2026	07/13/2026	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

Loreli Swanger  
12319 Big Valley Pike  
Mill Creek, PA 17060

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
*Mark P...*



A-2026-3061040

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

### ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> THE KATHY BARRY AGCY		<b>NAMED INSURED</b> Loreli Swanger 12319 Big Valley Pike Mill Creek, PA 17060	
<b>POLICY NUMBER</b> 868135769		<b>EFFECTIVE DATE:</b> 01/13/2026	
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

#### Additional Coverages

Insurance coverage(s)	Limits
Uninsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked
Underinsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked
Income Loss	\$1,500 per Mo/\$25,000 Max - w/o Workers Comp
Medical Expense	\$25,000 w/o Workers Comp

#### Description of Location/Vehicles/Special Items

**Scheduled autos only**  
 2013 CHEVROLET EXPRESS G3500 1GAZG1FA8D1172729

A-2026-3061040

# Your ID Cards


Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**

✂

**Loreli Swanger**



Form A023 PA (10/20)

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**  
Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA**

**Policy Number:** 868135769      **NAIC Number:** 11770  
**Effective Date:** 01/13/2026      **Expiration Date:** 07/13/2026  
**Policy Type:** Commercial  
**NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.**  
**Insurer:** United Financial Casualty Company 1-800-444-4487  
 PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**  
 Loreli Swanger  
 12319 Big Valley Pike  
 Mill Creek, PA 17060

Year	Make	Model	VIN
2013	CHEVROLET	EXPRESS G3500	1GAZG1FA8D1172729

**Your Agent:**  
 THE KATHY BARRY AGCY 1-610-693-5000

**This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.**

**WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.**

**NOTE: THIS CARD IS REQUIRED WHEN:**

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

**You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.**

IMPORTANT NOTICE Regarding your Financial Responsibility Insurance Identification Card.

United Financial Casualty Company is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement. The I.D. card information may be used for vehicle registration and replacing license plates. If your liability policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

**Statement of Financial Position (Balance Sheet)**

As of (date) April 2026

(Must be less than 6 months old)

ASSETS

Current Assets

Cash / Checking

Other Current Assets (specify)

Total Current Assets

\$4,000.00

\$4,000

Tangible Assets

\* Motor Vehicle Equipment Roll Back / Bus

\* Property (buildings, land, etc.)

\* Office Equipment

\$24,000 / \$4,500

0

TOTAL ASSETS

\$28,500

LIABILITIES

Current Liabilities (Due within one year of date)

\* Loans No Auto

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

0

0

0

0

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

0

0

0

0

TOTAL LIABILITIES

0

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

# COMMONWEALTH OF PENNSYLVANIA CERTIFICATE OF TITLE FOR A VEHICLE

572

FUEL: GAS

242113427029241-001

3FDNF6SY21NA77453  
VEHICLE IDENTIFICATION NUMBER

2001  
YEAR

FORD  
MAKE OF VEHICLE

56683734504 LL  
TITLE NUMBER

TK  
TRUCK TYPE

0  
SEAT CAP

PA  
PRIOR TITLE STATE

7/29/24  
ODOMETER DATE

342873  
ODOM MILES

0  
ODOM STATUS

10/11/03  
DATE AS TITLED

7/29/24  
DATE OF ISSUE

8,283  
UNLADEN WEIGHT

24,500  
GVWR

OCPR

TITLE BRAND

- ODOMETER STATUS**
- 0 = ACTUAL MILEAGE
  - 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
  - 2 = NOT THE ACTUAL MILEAGE
  - 3 = NOT THE ACTUAL MILEAGE ODOMETER TAGHEREIN VERIFIED
  - 4 = EXEMPT FROM ODOMETER DISCLOSURE

- TITLE BRAND**
- A = ANTIQUE VEHICLE
  - C = CLASSIC VEHICLE
  - D = COLLECTIBLE VEHICLE
  - E = OUT OF COUNTRY
  - G = ORIGINALLY BUILT FOR RECREATIONAL DISTRIBUTION
  - H = AGRICULTURAL VEHICLE
  - L = LOCOMOTIVE VEHICLE
  - P = ISSUED AS POLICE VEHICLE
  - R = RECONSTRUCTED
  - S = STREET ROD
  - T = RECOVERED THEFT VEHICLE
  - V = VEHICLE CONTAINS REBUILT VIN
  - W = FLOOD VEHICLE
  - X = ISSUED AS TAXI

REGISTERED OWNER:

LLS TOWING AND RECOVERY  
LLC  
12319 BIG VALLEY PIKE  
MILL CREEK PA 17060

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED:

DATE

BY

AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

LLS TOWING AND RECOVERY  
LLC  
12319 BIG VALLEY PIKE  
MILL CREEK PA 17060

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

SECOND LIEN RELEASED:

DATE

BY

AUTHORIZED REPRESENTATIVE



MICHAEL B. CARROLL

Secretary of Transportation

### D. APPLICATION FOR TITLE AND LIEN INFORMATION

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME

NO. DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

STAMP OR SEAL

91792470

The undersigned hereby makes application for Certificate of Title to the vehicle described herein, subject to the second-lien and other legal requirements set forth herein.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK  IS THIS AN ELTV (IF YES, PIN REQUIRED) YES  NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER

1ST LIENHOLDER NAME

STREET

CITY

STATE

ZIP

IF NO 2ND LIEN, CHECK  IS THIS AN ELTV (IF YES, PIN REQUIRED) YES  NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER

2ND LIENHOLDER NAME

STREET

CITY

STATE

ZIP

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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