



**APPLICATION FOR LIEN SALE AUTHORIZATION  
AND LIENHOLDER'S CERTIFICATION  
(Civil Code Section 3071)**

LIEN SALE UNIT  
P. O. BOX 932317  
SACRAMENTO, CA 94232-3170

**A FILING FEE OF \$5.00 MUST ACCOMPANY THIS APPLICATION**

Current market value of vehicle is OVER \$4,000 OR  Self-service storage facilities

**PLEASE NOTE:**

1. This application must be submitted within 30 days of the date the lien arises. Lien arises on the date the owner is billed or 15 days after work or services are completed, whichever occurs first.
2. This form is to be used when conducting a self-service storage facilities lien sale regardless of vehicle value.
3. **This application may not be used for mobilehomes (as described in CVC Section 396) or vessels, vessel/trailer combinations.**
4. **\*Refer to Civil Code Section 3074 when calculating maximum lien sale cost.**

<b>SUSPENSE RECEIPT AND VALIDATION AREA</b> <i>(Please do not write in this space)</i>

**A. VEHICLE DESCRIPTION**

LICENSE PLATE NUMBER		STATE REGISTERED/EXPIRATION DATE	
YEAR MODEL	MAKE	MODEL	BODY TYPE
VEHICLE IDENTIFICATION NUMBER (VIN)		ENGINE NUMBER (MOTORCYCLE ONLY)	

**B. LIEN INFORMATION AS OF:**

MONTH/DAY/YEAR:	LIEN COST★ \$	TOWING COST \$	REPAIRS \$
BAR REGISTRATION (LICENSE NUMBER)	DAILY STORAGE RATE	STORAGE DUE \$	PARKING VIOLATION BAIL (CVC 22851.1(b)) \$
DATE OWNER BILLED FOR SERVICES OR STORAGE	DATE WORK OR SERVICES COMPLETED	DATE OF TOWING AND STORAGE	<input type="checkbox"/> Authorized by public agency <input type="checkbox"/> Abandoned on private property, owner unknown

**C. LIEN HOLDER/AGENT INFORMATION**

LIENHOLDER'S NAME (PRINT)		DAYTIME TELEPHONE NUMBER ( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
AGENT ACTING FOR LIENHOLDER (PRINT NAME)		REGISTRATION SERVICE NUMBER (REQUIRED)	DAYTIME TELEPHONE NUMBER ( )
STREET ADDRESS	CITY	STATE	ZIP CODE

**D. PERSON BILLED OR LAW ENFORCEMENT AGENCY AUTHORIZING REMOVAL OF VEHICLE**

NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE

**E. REGISTERED OWNER(S)**

REGISTERED OWNER (PRINT LAST, FIRST & MIDDLE)			
ADDRESS	CITY	STATE	ZIP CODE
CO-REGISTERED OWNER (PRINT LAST, FIRST & MIDDLE)			
ADDRESS	CITY	STATE	ZIP CODE

**F. LEGAL OWNER**

LEGAL OWNER (PRINT LAST, FIRST & MIDDLE)			
ADDRESS	CITY	STATE	ZIP CODE

LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	ENGINE NUMBER (MOTORCYCLE ONLY)
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## G. INTERESTED PARTIES

NAME (PRINT LAST, FIRST & MIDDLE)

ADDRESS CITY STATE ZIP CODE

NAME (PRINT LAST, FIRST & MIDDLE)

ADDRESS CITY STATE ZIP CODE

NAME (PRINT LAST, FIRST & MIDDLE)

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NAME (PRINT LAST, FIRST & MIDDLE)

ADDRESS CITY STATE ZIP CODE

## H. CERTIFICATION

The names and addresses of the registered owner, legal owner, and all parties known to me to have an interest in the vehicle 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.***

LIENHOLDER'S OR AGENT'S (ACTING FOR LIENHOLDER) SIGNATURE

DATE

**X**