



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
TITLE SECTION

MVT 5-63
2/13

P.O. Box 327640 • Montgomery, AL 36132-7640 • titles@revenue.alabama.gov
www.revenue.alabama.gov/motorvehicle/forms.html

Application For Lien Release

VEHICLE MUST BE CURRENTLY TITLED IN THE STATE OF ALABAMA

This form must be completed by the lienholder, accompanied by the certificate of title or application for replacement certificate of title, and mailed to the address listed above.

LIEN INFORMATION – FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD

NAME OF FIRST LIENHOLDER

MAILING ADDRESS

LIEN DATE (MM/DD/YY)

CITY

STATE

ZIP

NAME OF SECOND LIENHOLDER

MAILING ADDRESS

LIEN DATE (MM/DD/YY)

CITY

STATE

ZIP

VEHICLE / MANUFACTURED HOME IDENTIFICATION NUMBER

– All VINs for 1981 and subsequent year model vehicles that conform to federal anti-theft standards are required to have 17 digits/characters.

VEHICLE OR MANUFACTURED HOME IDENTIFICATION NUMBER

MAKE: _____ YEAR: _____ MODEL: _____

COMPLETE ONLY IF MULTIPLE SECTIONS

MANUFACTURED HOME IDENTIFICATION NUMBER

MAKE: _____ YEAR: _____ MODEL: _____

COMPLETE ONLY IF MULTIPLE SECTIONS

MANUFACTURED HOME IDENTIFICATION NUMBER

MAKE: _____ YEAR: _____ MODEL: _____

COMPLETE ONLY IF MULTIPLE SECTIONS

MANUFACTURED HOME IDENTIFICATION NUMBER

MAKE: _____ YEAR: _____ MODEL: _____

OWNER INFORMATION – The name of the owner(s) with whom the lienholder held a security agreement. FELONY OFFENSE FOR FALSE ADDRESS.

NAME(S) (LAST NAME, FIRST, MIDDLE)

CURRENT MAILING ADDRESS

CITY

STATE

ZIP

LIEN RELEASE INFORMATION

DATE OF LIEN RELEASE: _____

SIGNATURES

The lien recorded on the original certificate of title is hereby released. The lienholder hereby certifies that the above information is true and correct and the lienholder is aware that a false statement made on this document, with intent to defraud, is a criminal offense under the Alabama Uniform Certificate of Title and Antitheft Law as codified in Title 32, Chapter 8, **Code of Alabama 1975**.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Sworn to and
subscribed before me, _____
NAME OF NOTARY PUBLIC – MUST BE TYPED OR PRINTED

this _____ day of _____, _____

Notary Public Signature: _____

NOTE: NO FEE IS REQUIRED TO BE SUBMITTED WITH THIS FORM.