



# South Carolina Department of Motor Vehicles

## Service Provider Application for Electronic Lien and Title Program

ELT-2  
01/2018

### Business Information

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Owner Principal Information

President/CEO: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ELT Contact Name: \_\_\_\_\_

ELT Contact Fax Number: \_\_\_\_\_ ELT Contact Phone Number: \_\_\_\_\_

ELT Contact Email Address: \_\_\_\_\_

ELT Contact Signature: \_\_\_\_\_

### Security Administrator Information

*The individual named below will serve as the Company's System Administrator and oversee the account.*

Authorized Security Administrator Name (Please Print): \_\_\_\_\_

Security Administrator Signature: \_\_\_\_\_

Security Administrator Email: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the following with this application:

- Letter requesting entry to the SCELТ Program
- ELТ Service Provider Contract, completed and signed
- ELТ Non-Disclosure Agreement, completed and signed

All documents may be forwarded by mail or emailed to:

South Carolina Department of Motor Vehicles

Attention: **Deloris Harriman**

P O Box 1498

Blythewood, SC 29016-0038

Email: [ELТCoordinator@scdmv.net](mailto:ELТCoordinator@scdmv.net)

### DMV Use Only

Customer Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Provider Office Number: \_\_\_\_\_ Provider ID: \_\_\_\_\_