LIENHOLDER
NOTIFICATION FORM

Arizona Game and Fish Department ♦ 5000 W. Carefree Hwy. ♦ Phoenix, AZ 85086 ♦ 602-942-3000

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____________________________________________________
Address: _____________________________________________________________
City: ____________________________  State: _______  Zip Code: ___________
Watercraft Make: ________________________  HIN: _________________________
Phone Number: _________________________  Date: ________________________
The above listed applicant has attempted to register a watercraft, in Arizona, on which you are a lien holder. To accomplish this we need your assistance. Please sign this form and include the title or a copy of the title you are holding. Return both documents to your client to submit with their application.

TO BE COMPLETED BY LIENHOLDER

Lienholder: ________________________________  Phone #: __________________
Address: _____________________________________________________________
City: ____________________________  State: _______  Zip Code: ___________

Federal Coast Guard law requires watercraft to be registered in the state of principal operation.

Arizona is not a title state. No lien holder will be shown on the registration. To perfect a lien in Arizona you may file a UCC-1 Form with the Arizona Secretary of State.

I, _________________________________, __________________________, representing
Name
Title
________________________________

Company or Business

at this time, am submitting the title (or copy of the title) for Arizona registration.

Signature  ____________________________  Date ____________________________

State of: ___________________________________  County of: _____________________________
On this ____________________ day of ______________________________  20______________

_place notary stamp here_

Subscribed and sworn to before me, __________________________________
Signature of Notary Public

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<thead>
<tr>
<th>For AGFD use only:</th>
<th>State: ____________________________</th>
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<tbody>
<tr>
<td>Contact name: _________</td>
<td>AGFD OPM: ______________________</td>
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