



South Carolina Department of Motor Vehicles

Lien Continuation Request

TI-003A
(Rev.03/2024)

This form must only be used to continue a lien that is going to expire within the next six months. Note that a lien expires 12 years from the original lien date.

This application must be mailed to: SCDMV, P.O. Box 1498, Blythewood, SC 29016-0051

The Financial Institution of record wishes to continue the lien on the following vehicle:

SECTION A – Title/Vehicle Information				
Vehicle Identification Number		Current Title Number	Current Lien Date	
SECTION B – Owner’s Information				
Owner’s Name from Title	Customer Number	Co-owner’s Name	Customer Number	
SECTION C – Lien Holder Information				
Lien Holder’s Name	ELT Customer Number	Contact Name		Contact Number
Lien Holder’s Address	City	State	Zip Code	County
<p>Effectiveness of the lien of record for the above described vehicle with respect to the security interest of secured party authorizing this continuation statement is continued for an additional two years from receipt of this request by the South Carolina Department of Motor Vehicles.</p> <p><input type="checkbox"/> A duplicate title is requested. I have enclosed \$15.00.</p> <p>Signed this ____ day of _____, 20__.</p> <p>By: _____ Authorized Representative</p>				

SECTION D – For SCDMV Use Only		
Date of Receipt	Lien Continued Until	SCDMV Employee Signature