ARTIFICER'S LIEN
H-100A New 2-2016

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, WETHERSFIELD, CT 06161-5520
TITLE DIVISION
On The Web At: ct.gov/dmv

INSTRUCTIONS

1. Print clearly or type.
2. Complete the entire form.
3. Date and sign the notification at the bottom of the form and submit to the address above.
4. Enclose a fee of $5.00. Make check or money order payable to "DMV". The $5.00 fee is required to file an ARTIFICER'S LIEN.
5. Submit a copy of the repair invoice ("repair/work order") (no estimates).

ARTIFICER'S LIEN - $5.00 Fee Required

Complete this form if you claim a lien on a motor vehicle in your custody upon which you have completed authorized work that is properly recorded on an invoice and there is no application pending to dissolve the lien within 30 days after completion of the work. Enclose fee of $5.00.

DEALER/ REPAIRER INFORMATION	NAME OF DEALER/REPAIRER			DATE VEHICLE LEFT AT DEALER/REPAIRER
	ADDRESS OF DEALER/REPAIRER			DEALER/REPAIRER LICENSE NUMBER
LIENHOLDER INFORMATION	LIENHOLDER NAME(S)			
	LIENHOLDER ADDRESS(ES)			
VEHICLE INFORMATION	YEAR	MAKE	MODEL	ODOMETER READING
	VEHICLE IDENTIFICATION NUMBER *(or chassis number)*		COLOR	NUMBER OF CYLINDERS
	BODY STYLE	FUEL TYPE	MARKER PLATE NUMBER *(If plate is on vehicle)*	STATE
	DATE OF COMPLETION OF WORK ON VEHICLE	OWNER OF VEHICLE OR PERSON WHO AUTHORIZED WORK	AMOUNT OF LIEN CLAIMED $	
OWNER INFORMATION	NAME OF OWNER(S)			
	ADDRESS OF OWNER(S)			

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

AUTHORIZED SIGNATURE X	DATE SIGNED