



**KANSAS APPLICATION  
FOR ENROLLMENT / CHANGE IN ELECTRONIC LIEN AND TITLE SYSTEM**

**Lender Information**

Please enter lienholder specific information here.

Please Note: If you are a customer with multiple lienholder names, a separate form should be completed for each.

<b>Name of Business:</b>	
<b>FEIN:</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

**Lienholder Authorized Representative**

<b>Full Name:</b>	
<b>Title:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Fax Number:</b>	
<b>Date:</b>	

**Lender Administrator**

Indicate below an individual who will act as the lender administrator. This person is responsible for adding additional users, deleting existing users and controlling the access rights of the lender's users.

<b>Full Name:</b>	
<b>Email:</b>	
<b>Telephone:</b>	

We \_\_\_\_\_ have chosen Dealer Support Services from the approved service provider list to be our official service provider for the Kansas Electronic Lien and Title program and furthermore grant them permission to enroll us as their client.

Signature: \_\_\_\_\_

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