

# REPAIRERS LIEN FINANCING STATEMENT

Phone No.: 250 356-8609

Please see instructions on reverse.

## 1 REPAIRERS LIEN

RL

LENGTH OF REGISTRATION  
180 DAYS FROM DATE  
OF REGISTRATION

AMOUNT OF LIEN \$

DATE OF SURRENDER  
OF GOODS:  Y  M  D

## 2 PERSON CLAIMING LIEN

SECURED PARTY CODE

OR SECURED PARTY NAME AND

ADDRESS

CITY

PROV

POSTAL CODE

## 3 VEHICLE OWNER 1

INDIVIDUAL DEBTOR LAST NAME

FULL FIRST NAME

SECOND NAME

BIRTHDATE

 Y  M  D

OR BUSINESS DEBTOR NAME

AND

ADDRESS

CITY

PROV

POSTAL CODE

## VEHICLE OWNER 2

INDIVIDUAL DEBTOR LAST NAME

FULL FIRST NAME

SECOND NAME

BIRTHDATE

 Y  M  D

OR BUSINESS DEBTOR NAME

AND

ADDRESS

CITY

PROV

POSTAL CODE

## 4 VEHICLE COLLATERAL

MOTOR VEHICLE,  
BOAT, OUTBOARD  
MOTOR, TRAILER  
OR AIRCRAFT

| TYPE | SERIAL NO. / DEPT. OF TRANSPORT NO. |
|------|-------------------------------------|
|      |                                     |
|      |                                     |
|      |                                     |
|      |                                     |
|      |                                     |
|      |                                     |

| YEAR | MAKE AND MODEL |
|------|----------------|
|      |                |
|      |                |
|      |                |
|      |                |
|      |                |
|      |                |

## 5 REGISTERING PARTY

REGISTERING PARTY CODE

Complete only if verification statement is to be mailed to other than secured party named above.

OR REGISTERING PARTY NAME AND

ADDRESS

CITY

PROV

POSTAL CODE

## 6 AUTHORIZED SIGNATURE

NAME OF AGENT (If applicable)

PHONE NO.

 ( )

NAME OF INDIVIDUAL SIGNING

SIGNATURE

 X

# REPAIRERS LIEN FINANCING STATEMENT

## GENERAL INSTRUCTIONS

Please type or print clearly.

### 1 REPAIRERS LIEN (RL):

Amount of Lien: Enter the amount of lien claimed in dollars and cents using numerals.

Date of Surrender of Goods: Enter the date that possession of the motor vehicle, aircraft, trailer, boat or outboard motor has been or will be surrendered by the garage keeper to its owner or the owner's agent. Enter the last two digits of the year, first three letters of the month and the day of the month (e.g., 07 Jan 01.)

### 2 PERSON CLAIMING LIEN:

Complete the code OR full name and mailing address of the Secured Party.

### 3 VEHICLE OWNER:

#### Individual Vehicle Owner:

Name: Enter the full name, including last name, full first name and second name (if any). Do not use nicknames.

Birthdate: Enter last two digits of the year, first three letters of the month and the day of the month (e.g., 60 APR 01).

Address: Enter the complete mailing address.

#### Business Debtor Name:

Name: Enter the complete business name of the artificial body. Do not abbreviate unless the abbreviation is part of the registered name.

Address: Enter the complete mailing address.

### 4. VEHICLE COLLATERAL:

Type: Enter the applicable type code from the list below:

| TYPE CODE | VEHICLE COLLATERAL                  |
|-----------|-------------------------------------|
| AC        | Aircraft – Registered in Canada     |
| AF        | Aircraft – Not Registered in Canada |
| BO        | Boat                                |
| MV        | Motor Vehicle                       |
| OM        | Outboard Motor                      |
| TR        | Trailer                             |

Serial No./Dept. of Transport No.: List the last 25 digits of the serial no. or Dept. of Transport No. For an aircraft registered in Canada give the registration marks assigned to the aircraft by the Dept. of Transport, omitting the hyphen. For a boat, give the registration or licence number assigned by the Dept. of Transport.

Year: List the last two digits of the model year.

Make and Model: Describe the make and model of the vehicle. Where there is no make, enter the manufacturer and model of the vehicle.

### 5 REGISTERING PARTY:

Complete this section only if the registering party is different from the Secured Party. Complete the code OR full name and mailing address of the Registering Party.

### 6 AUTHORIZED SIGNATURE:

The person claiming the lien OR a person with authority to sign on behalf of the lienholder must sign the statement. Type the name(s) of the agent (if applicable), the individual signing the form and a contact phone number above the signature.

#### **Freedom of Information and Protection of Privacy Act (FOIPPA):**

Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the *Repairers Lien Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.