

Authorization To Register My Motor Vehicle

I, _____ authorize
(Vehicle owner's printed name)

_____ with _____
(Person's printed name authorized to pick up registration) (Driver's License Number)

to register my vehicle that is listed below:

Plate Number _____ Year _____ Make _____

VIN or Title Number _____

Insurance information for the vehicle:

Company Name _____

Policy Number _____

Expiration Date (month/day/year) _____ (must be current insurance)

Owner's Signature

Driver's License Number

Date