



Letter of Authorization

Dealers, Tow Companies, and
Title Companies

Date: _____

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

Dealer License Number: _____

Please be advised that the individual(s) named below are authorized to: **(check all that apply)**

- Pick Up and Drop Off Work Only Act
- as our agent and sign on our behalf
- Obtain on our behalf:
 - Fast Titles
 - Title/Registration Receipts / License Plates
 - DMV Inventory / Supplies

1. _____
2. _____
3. _____
4. _____
5. _____

Printed name of Owner/Officer

Signature

Please Note: Representatives will be required to provide identification in our offices. You must complete and submit a new form with any changes to add or delete authorized personnel.