

# Authorization To Register My Vehicle

I, \_\_\_\_\_ authorize

Name \_\_\_\_\_ DL # \_\_\_\_\_

To register my vehicle listed below:

Plate # \_\_\_\_\_

Or VIN or Title # \_\_\_\_\_

Year \_\_\_\_\_

Make \_\_\_\_\_

X \_\_\_\_\_

Registered Owner's Signature

Date