



Removal of Authorized Personnel / Agent Application



Motor Carrier Account Name _____ Motor Carrier Account Number _____

TIN _____

The personnel noted below are **NO LONGER** employees, officers, agents, or directors of the above company and are no longer authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following for the following tax or registration fee matters: International Registration Plan (IRP); International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations.

I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this account access on behalf of the taxpayer.

Signature	Title	Date
Print Name		Telephone Number

Before me personally appeared _____ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this _____ day of _____, 20____.

_____ State of Delaware, _____ County

Notary Public

**Remove Authorized Person(s) or Licensing Agent Listed Below:
Print Full Name or Company Name**

- 1.) Name _____
- 2.) Name _____
- 3.) Name _____
- 4.) Name _____
- 5.) Name _____

**Office Use Only
(cross through unused sections)**

Document Date _____ Clerk _____