

DELAWARE DIVISION OF MOTOR VEHICLES

SIGNATURE AUTHORIZATIONS

For Companies and Delaware Dealers

PLEASE COMPLETE THE FOLLOWING

I hereby authorize the following personnel to sign any motor vehicle certificate of title transaction for the Company or Delaware Dealer named below:

NAME(S) (Printed or Typed)

SIGNATURE(S)

Four horizontal lines for entering names.

Four horizontal lines for entering signatures.

CHANGE IN AUTHORIZED PERSONNEL:

Please remove the following name(s) from the list of authorized signatures (Print or Type):

Two horizontal lines for entering names to be removed.

Two horizontal lines for entering signatures to be removed.

Whenever you have a change in authorized personnel, notify the Dealer Registration Section, Division of Motor Vehicles, Administrative Office, by completing and returning this form to ensure our records are updated.

NAME OF COMPANY OR DEALERSHIP

Sworn and subscribed before me this ____ day of _____ 19____ .

SIGNATURE OF OWNER OR OFFICER

Notary Public