



SIGNATURE AUTHORIZATIONS

Please complete the following form:

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

NAME (printed or typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____

Change in authorized personnel:

Please remove the following names from the list of authorized signatures:

_____	_____
_____	_____

Whenever you have a change in authorized personnel, notify the Division of Motor Vehicles at the main office in Dover, on this form, so our records may be updated.

Company or Dealer

Dealer No.

Signature of Owner or Officer (Notarize)

Printed Name of Owner or Officer Date

Sworn to and subscribed before me this

_____ day of _____ 20 _____

NOTARY PUBLIC