

**FREMONT COUNTY MOTOR VEHICLE
LETTER OF AUTHORIZATION**

DATE: _____ DEALER NUMBER: _____

COMPANY NAME: _____

COMPANY PHONE NUMBER: _____

COMPANY ADDRESS: _____

EMAIL ADDRESS: _____

FIRST AND LAST NAME OF AUTHORIZED AGENTS: _____

PLEASE MARK TRANSACTIONS THAT ARE AUTHORIZED:

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> NEW TITLES | <input type="checkbox"/> NEW REGISTRATIONS |
| <input type="checkbox"/> DUPLICATE TITLES | <input type="checkbox"/> ALL TRANSACTIONS |

NAME OF PERSON AUTHORIZING THIS FORM:

I CERTIFY, UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, THAT THE ABOVE
FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____