



## DEALER

### AUTHORIZATION / RELEASE AFFIDAVIT

\_\_\_\_\_  
Name of Registered Owner(s)

\_\_\_\_\_  
Title Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Year

\_\_\_\_\_  
Make

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Vehicle Identification Number

\_\_\_\_\_  
Phone Number - Including area code

I, \_\_\_\_\_  
(Owner's Name)

authorize \_\_\_\_\_  
(Person Appointed)

to receive my title certificate or registration for the above described vehicle.

**Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-owner-Owner