

Dealer Authorization

to receive Duplicate Title on behalf of owner

_____ give authorization to forward this duplicate
(owner)

title to the above referenced Auto Dealer/Wholesaler.

Year **Make** **Vehicle Identification Number**

--	--	--

Dealer Name:		
Street Address:		
City:	State:	Zip:
Dealer Id #:		

Owner Signature

Owner Print Name

Dealer Signature

Dealer Print Name
