

**FREMONT COUNTY MOTOR VEHICLE  
LETTER OF AUTHORIZATION**

DATE: \_\_\_\_\_  
DEALER # (if applicable): \_\_\_\_\_  
PUC # (if applicable): \_\_\_\_\_  
SALES TAX EXEMPT # (if applicable): \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
COMPANY PHONE NUMBER: \_\_\_\_\_  
COMPANY PHYSICAL ADDRESS: \_\_\_\_\_

COMPANY MAILING ADDRESS (if different): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FIRST AND LAST NAME OF AUTHORIZED AGENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IF YOU ARE AUTHORIZING YOURSELF, WE NEED A DR2444 STATING  
THAT YOU ARE THE SOLE OWNER OF THE COMPANY**

PLEASE MARK TRANSACTIONS THAT ARE AUTHORIZED:

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

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.

PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_