



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, _____ authorize _____
(Owner's Name) (Person Appointed)

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

Under penalty 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

Rev. 6/30/20