



SHERRI AYLOR PCC
TAX ASSESSOR-COLLECTOR
Motor Vehicle Department

AUTHORIZATION LETTER

Vehicle Information

Year: _____ Make: _____ Plate Number: _____
Vehicle Identification Number (VIN): _____

I / We, _____, do hereby authorize the following representative:

(Representative must provide U.S. Government issued identification: Driver License, ID Card, etc.)

to complete the following transaction: **(Please INITIAL one or more)**

Purchase Registration Title Transfer
 Replacement Plates (if needed) Other: _____

I also authorize my representative to use my credit card as payment

(The name on card must match the name on the vehicle record.)

Address Change

I hereby state that I reside at: _____

I hereby state this vehicle (HAS) (HAS NOT) been operated since expiration.

Has a ticket been issued for the expired registration? (YES) (NO)

Signature(s) of Registered Owner(s)

Date

Home: _____ Work: _____

*****Copy of owner's Driver's License must accompany Authorization Letter*****

Note – if vehicle is registered in a company name, attach a business card, along with the copy of Driver's License

900 S POLK ♦ Suite 106A ♦ AMARILLO, TX 79101
PO BOX 2289 ♦ AMARILLO, TX 79105
(806) 342-2630

WARNING: TRANSPORTATION CODE §501.155, PROVIDES THAT FALSIFYING INFORMATION ON ANY REQUIRED STATEMENT OR APPLICATION IS A THIRD - DEGREE FELONY.