## AUTHORIZATION/RELEASE AFFIDAVIT

Owner Information:		Vehicle Description	
Name of Registered Owner(s)		Title Number	
Address		Year	Make
City State Zip		Vehicle Identification Number	
Phone Number-Including area code			
I	authorize _	(Person Appointe	
(Owner's Name) to receive my title certificate or regis			ed)
Under Penalties of perjury I decla			nent and certify that the
statement is true.			
Signature of Owner		(Date)	
Signature of Co-Owner			