



Company Authorized Personnel Self Inspection Program

Company Name _____ FEIN _____

The personnel noted below are employees of the above company and are authorized to act on behalf of the company for purposes of processing titles, registrations, renewals and inspections.

Company officer approval to add personnel. (must be listed on company file at DMV as an officer of the company)

Signature _____	Title _____	Date _____
Print Name _____		Telephone Number _____

Before me personally appeared _____ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this _____ day of _____, 20____.

Notary Public State of _____, _____ County

Job Title _____ (Mechanic/Inspector Title/Registration)

Name _____

Email _____ Main Phone _____ FAX _____

Mobile _____

Signature _____

Job Title _____ (Mechanic/Inspector Title/Registration)

Name _____

Email _____ Main Phone _____ FAX _____

Mobile _____

Signature _____

Job Title _____ (Mechanic/Inspector Title/Registration)

Name _____

Email _____ Main Phone _____ FAX _____

Mobile _____

Signature _____

***Multiple applications with notary can be submitted.

Office Use: Document Date _____ Clerk _____