



**Company Officers Self Inspection Program**  
 Company officers do not need to fill out additional authorization

Company Name \_\_\_\_\_ FEIN \_\_\_\_\_ DOT \_\_\_\_\_

I certify that I am legally a member, officer or director of the above company I am authorized to act on behalf of the company for purposes of accessing and updating company information, transfer and/or renewal of vehicles, titles and registrations. I will be held accountable for any and all transactions and debt associated with this account. I understand that if at any time I am no longer a member, officer or director it is my responsibility to contact the Motor Carrier Services department.

*I certify that I am legally a sole proprietor, corporate officer, partner, member or manager of a limited liability company, or fiduciary on behalf of the above-mentioned company, and that I have authority to execute this account access on behalf of the company.*

Officer Type (circle one): President    Vice President    Sole Member    Member    CFO    CEO    COO Sole Proprietorship (personal name not DBA)    Partner    Fire Chief
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Name _____ Email _____ Office Phone _____ FAX _____ Mobile Phone _____
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Signature \_\_\_\_\_ Before me personally  
 appeared \_\_\_\_\_ 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\_\_\_\_ State of \_\_\_\_\_ County \_\_\_\_\_

Notary Signature & Seal \_\_\_\_\_

Officer Type (circle one): President    Vice President    Sole Member    Member    CFO    CEO    COO Sole Proprietorship (personal name not DBA)    Partner
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Name _____ Email _____ Office Phone _____ FAX _____ Mobile Phone _____
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 \_\_\_\_\_, 20\_\_\_\_ State of \_\_\_\_\_ County \_\_\_\_\_

Notary Signature & Seal \_\_\_\_\_

Office Use: Document Date _____ Clerk _____
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