



Removal of Company Authorized Personnel Self Inspect Program

Company Name _____ FEIN _____

The personnel noted below are **NO LONGER** employees of the above company and are no longer authorized to act on behalf of the company for purposes of processing titles, registrations or 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

**Remove Company Authorized Person(s) Listed Below:
Print Full Name**

1.) Name _____

2.) Name _____

3.) Name _____

4.) Name _____

5.) Name _____

Office Use Only
(cross through unused sections)

Document Date _____ Clerk _____