



SIGNATURE AUTHORIZATIONS

Please complete the following form

I hereby authorize the following personnel to sign any Motor Vehicle certificate of title transaction for the Company or Delaware Dealer Agency named below:

NOTE: MUST PROVIDE A COPY OF DL/ID FOR ALL SIGNERS

Name	Signature _____
Business Email Address	
Name	Signature _____
Business Email Address	
Name	Signature _____
Business Email Address	
Name	Signature _____
Business Email Address	

**Change in authorized personnel:
Please remove the following names from the list of authorized signatures:**

Whenever you have a change in authorized personnel, notify the Division of Motor Vehicles at the main office in Dover, on this form, so our records may be updated.

Company or Dealer

Dealer No.

Signature of Owner or Officer

Printed Name of Owner or Officer

Sworn to and subscribed before me this

Date

day of 20

NOTARY PUBLIC

MV26
9/2021