LETTER OF AUTHORIZATION

Please print or type		
Business Name:		Business License Number:
Address:		
City State Zip Code:		
Telephone Number: ()		
Please check appropriate authorization boxes:		
☐ All Activities☐ Pick Up Supplies☐ Sign Renewal Form	□ Pick Up Licenses□ Pick Up Titles□ Sign Titles	☐ Pick Up Plates/Decals ☐ Sign Forms
Printed Name of Authorized Agent		Signature
Printed Name of Authorized Agent		Signature
Printed Name of Authorized Agent		Signature
Printed Name of Authorized Agent		Signature
The listed Agent(s) is no longer authorized to represent my business:		
Printed Name of Agent	Printed Name of Agent	Printed Name of Agent
Printed Name of Agent	Printed Name of Agent	Printed Name of Agent
I hereby authorize the changes as indicated above for my business with the Nevada Department of Motor Vehicles.		
Printed Name of Principal		
Signature of Principal		Date

To protect your business, notify the Department immediately of any changes to the above information.