January 13, 2016

To Whom It May Concern:

Please complete the attached Runner/Agent Authorization Form for each authorized agent that will be performing motor vehicle transactions on behalf of the agency. Each authorized agent will be required to present this original authorization form with each transaction. Photo-copies will not be accepted.

In an effort to ensure the highest level of secure and efficient service, we are requiring the agent to carry and present their authorization letter with each transaction. Denver Motor Vehicle will no longer keep authorized agents on file. It will be the responsibility of the business providing authorization to remove the letter from the possession of the agent if the agent separates from the agency.

Thank you for your prompt response to this request.

Sincerely,

Denver Motor Vehicle Management
RUNNER/AGENT AUTHORIZATION FORM
(Please print and complete all fields)

Business Name: _________________________________________________________

Address: __________________________________________________________________

City: __________________________ State: __________ Zip: ______________

Contact Person: __________________________ Phone: _________________________

Business Contact Email Address: ___________________________________________
(For future communications)

Dealer number (if applicable): __________________________

We are requesting the following individual to conduct all motor vehicle business transactions for our company with Denver County Motor Vehicle. We understand that Denver County Motor Vehicle requires our authorized individual to present this original form with each transaction. We understand that we are responsible for removing this letter from the agent’s possession if the agent separates from the company.

Authorized Individual: ______________________________________________________

FIRST    LAST

Authorized Individual: _______ / _______ / _____________
DRIVER’S LICENSE NUMBER

Authorized Individual Signature: _____________________________________________

Date of Authorization: _______ / _______ / _____________

Authorizing Agent: _________________________________________________________

FIRST    LAST

Signature of Authorizing Agent: _____________________________________________

Title of Authorizing Agent: ________________________________________________