



**DENVER**  
THE MILE HIGH CITY

Department of Finance  
Motor Vehicle Division  
2855 Tremont Pl.  
Denver, CO 80205  
720.865.4600  
[www.denvergov.org/DMV](http://www.denvergov.org/DMV)

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



Northeast Office  
4685 Peoria St., Suite 101  
Denver, CO 80239  
Fax: (303) 376-2246

Northwest Office  
3698 W. 44<sup>th</sup> Ave.  
Denver, CO 80211  
Fax: (303) 458-3940

Southwest Office  
3100 S. Sheridan Blvd.  
Denver, CO 80227  
Fax: (303) 937-4855

Tremont Office  
2855 Tremont Pl.  
Denver, CO 80205  
Fax: (303) 295-4433



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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: \_\_\_\_\_



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