



DEPARTMENT OF MOTOR VEHICLES Specimen Sheet

(To be submitted in hardcopy to the DMV)

Name of Company: _____

Name of Owner(s): _____

Company Stamp **OR** Seal (affix stamp/seal in space below)

Authorised Person(s)

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

I Owner's Name hereby authorize the above named person(s) to conduct the business of motor vehicle registrations and transfers only, at the Department of Motor Vehicles, on behalf of Name of Company Name of Company

Signature

DD/MM/YYYY

DATE

Title of Position