

LICENSE YEAR _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

FLEET NUMBER _____

AUTHORIZED SIGNATURES

The Motor Carrier Services Division encourages the use of the fax whenever possible. However, in most cases we must have an original signature on your documents.

We **will require** an original signature on the original or renewal applications. Most supplements will be accepted via fax **provided** we have the original signature of **ALL** authorized persons on file.

Original signature sheet listing **all** persons authorized to request account activity. Note: if a third party provider (prorate service) is employed by the registrant to request account changes, the **signature sheet must include the owner or registrant in addition to the prorated service personnel.**

THIS PAGE IS REQUIRED WITH EACH RENEWAL OR CHANGE IN PERSONNEL

Printed Name:

Signature:
