

Authorization to Register a Motor Vehicle

Vehicle Information

| | | | |
|------------------------|-------------------------|------|---------------------------|
| License Plate # | Year | Make | VIN |
| Insurance Company Name | Insurance Policy Number | | Insurance Expiration Date |

Titled Owner's Statement of Consent:

| | | | |
|-----|-----------------------------------|-----------|--|
| “I, | Titled Owner's Name | authorize | Authorized Person's Name |
| | Titled Owner's Driver's License # | | Authorized Person's Driver's License # |

to register the above described vehicle.”

X

_____ **Titled Owner's Signature**

The use of this form allows a Non-Owner to renew or purchase duplicates of Minnesota Registration for a Motor Vehicle. This form does not authorize a Non-Owner to change the registration address, this can only be done by the Titled Owner.

All above information is required. Titled Owner's signature must be in original ink. Copies, emails and faxes are not accepted. Any write-overs, alterations or erasures voids this form.

If the vehicle has been parked and not used recently, please sign non-use statement verifying last used.

| | |
|--------------------|---------------|
| Signature of Owner | Last Use Date |
|--------------------|---------------|

