Division of Motor Vehicles
Transportation Services
Authorized Personnel

Taxpayer Name	Federal Identification Number	
Mailing Address	Telephone Number	FAX Number
City, State, Zip		
Account Number(s):		

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company

☐ Other _____

Printed Name	Title	Signature

The personnel noted above are employees, officers, or directors of the above company and are authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following for the following tax or registration fee matters:

☐ Fuel Excise Tax Law
☐ Dyed Fuel Law
☐ Public Carrier Law
☐ Over/Size Overweight Law
☐ International Registration Plan (IRP)
☐ International Fuel Tax Agreement (IFTA)
☐ Uniform Commercial Registration (UCR)
☐ Heavy Vehicle Use Tax (Form 2290)

Please remove the following individual(s) from the list of authorized personnel from our account.

Printed Name	Title	Signature

I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this account access on behalf of the taxpayer.

Signature	Title	Date
Print Name		Telephone Number

- IF THIS FORM IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL AND NOTARIZED, IT WILL BE RETURNED AS INVALID.

Before me personally appeared _____ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this _____ day of _____, 20_____.

_____ State of Delaware, _____ County

Notary Public