

**AUTHORIZATION TO SIGN FOR
REGISTRATION OF A MOTOR VEHICLE**
K-179 REV. 8-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS SECTION
60 STATE STREET, WETHERSFIELD, CT 06161
On The Web At <http://dmvct.org>



DATE:

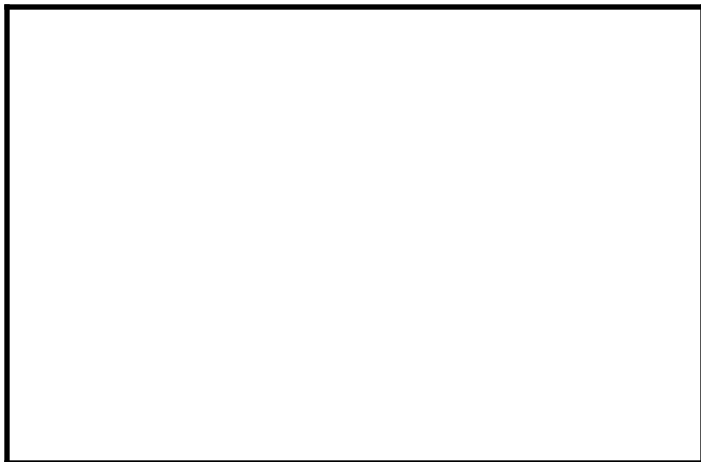
TO:

COMMISSIONER OF MOTOR VEHICLES

DEAR SIR:

WE HEREBY CERTIFY THAT:	
NAME (Printed)	SIGNATURE X
NAME (Printed)	SIGNATURE X
NAME (Printed)	SIGNATURE X
NAME (Printed)	SIGNATURE X
NAME (Printed)	SIGNATURE X

The above indicated individuals have full authority to sign all applications for registration, for any and all motor vehicles, the property of:			
NAME OF DEALERSHIP			
ADDRESS OF DEALERSHIP	<i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
ADDRESS OF DEALERSHIP	<i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State) (Zip Code)</i>



COPY OF DRIVER'S LICENSE

.....
NAME OF DEALERSHIP PRINCIPLE & TITLE
.....
SIGNATURE