



Clerk and Recorder's Office

Motor Vehicle Division
615 Macon Avenue, Suite 103
Cañon City, CO 81212



Letter of Authorization

Date: _____ Dealer # (if applicable): _____

PUC # (if applicable): _____ Sales Tax Exempt # (if applicable): _____

DOT # (if applicable): _____ FEIN/SS # (if applicable): _____

Company Name: _____

Company Physical Address: _____

Company Mailing Address (if different): _____

Email Address: _____ Phone Number: _____

First and Last Name of Authorized Agent(s):

Name of person authorizing this form:

****If you are authorizing yourself, you must be the sole owner of the company. You must complete and attach a DR2444- Statement of Fact, stating that you are the sole owner of the company. Otherwise, another owner of the company must also sign this form, authorizing you as an agent.**

Please allow all agents listed to complete the following transactions on our behalf:

☐ All Transactions ☐ Only Titles ☐ Only Registrations ☐ Only Duplicate Titles

I certify, under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____