

This form is to be used when the applicant is unable to apply in person for vehicle registration services.

Please note, the applicant is required to apply in person for driver license services.

### Please complete in full.

AMA Membership Number 620 272 \_\_\_\_\_

Driver's Licence Number(s) \_\_\_\_\_

I / We \_\_\_\_\_ give consent to

\_\_\_\_\_ ,  
to act on my/our behalf to process the following transaction:

- Register New/Used Vehicle
- Renew Registration
- Transfer the licence plate
- Cancel/Modify Registration
- Other (please specify) \_\_\_\_\_

**Register the following vehicle in the name(s):** \_\_\_\_\_

Licence Plate Number	Make	Model	Year

Vehicle Identification Number

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Signature \_\_\_\_\_

Date \_\_\_\_\_

This information is being collected for the purposes of motor vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7 780-427-7013.

- Authorized party needs to present acceptable identification.
- Vehicle insurance documentation must reflect same name(s).
- No liability attaches to the Alberta Motor Association through the use of this document

**Government of Alberta** ■  
Authorized Registry Agent