



Letter of Authorization

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

NOTE: Driver License services require the applicant to apply in person.

*****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) _____

Licence Plate Number	Make	Model	Year

Vehicle Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

