STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

PERMANENT FLEET PROGRAM
AUTHORIZATION SIGNATURE FORM

You may submit the completed form to:

Department of Motor Vehicles
ROD - PFR Section MS H160
P.O. Box 932320
Sacramento, CA 94232-5340

DATE

SECTION 1 — BUSINESS INFORMATION

BUSINESS NAME | PFR NUMBER

AGENT (*IF APPLICABLE*) | CONTACT TELEPHONE NUMBER ( ) | FAX NUMBER ( )

BUSINESS ADDRESS | CITY | STATE | ZIP CODE

OCCUPATIONAL LICENSE NUMBER (*FOR AGENTS ONLY*)

SECTION 2 — AUTHORIZED REPRESENTATIVE

The following information is required for all persons authorized to sign applications and to speak to DMV pertaining to your company's PFR account. You may use this form to add any authorized employees or delete any that have been previously authorized. This form will be kept on file in Sacramento at the PFR Headquarters Unit. All signatures on submitted requests will be verified using this form. All applications with signatures not on file will be returned for your verification.

Employee Name	Signature	Driver License Number	State	Authorized to Sign (Y/N)
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			

All signatures must be original (no stamps) and signed in ink.

MC 3501 P (REV. 8/2012) **WWW**

Print Clear Form