

Letter of Authorization

Wild Rose Registry Ltd.
27-2580 Southland Drive SW
Calgary, Alberta
T2V 4J8
Phone: (403) 251-0311
Fax: (403) 251-0367

I/We: _____ authorize
Name of Client _____

_____ to do one of the following services:
Authorized Individual _____

1. Register the following vehicle in the name of _____
VIN: _____ Year: _____
Make/Model: _____ Color: _____
and receive a new licence plate.
2. Transfer the licence plate _____ to the following vehicle VIN:
_____ Year: _____
Make/Model: _____ Color: _____
3. Obtain a drivers abstract on my behalf: _____

Signature of Client Date

Contact Phone Number Drivers Licence Number