Vital Registry Services Ltd.

5406 - 43 Street Red Deer, AB T4N 1C9
Tel: 403.347.0799 Fax: 403.347.0767
www.vitalregistry.ca

LETTER OF AUTHORIZATION

Read this important information before completing form:

All individuals appearing on an ownership document must consent to the registration of the vehicle.
All names listed in section A must appear on the insurance document.
The authorized individual must present valid identification.
You may be required to submit additional information, depending on the circumstance.
You are welcome to phone us for more information.

I/We, _____ D/L #_____
(1st Individual)

and (if applicable)_____ D/L#_____
(2nd Individual)

do GIVE PERMISSION to:_____ D/L#_____
(Authorized individual)

1. ☐ To register the following vehicle:

_____ _____ _____
Year Make/Model VIN #

A) ☐ Only in the name of: _____
OR
☐ Jointly, in the names of: _____
AND
_____

B) ☐ A new plate is required for this vehicle
OR
☐ Transfer the following plate #_____

2. ☐ To renew my/our Vehicle Registration, Plate # _____

3. ☐ To cancel my/our Plate # _____

_____ _____
Date Signature of 1st Individual

_____ _____
Date Signature of 2nd Individual (if applicable)

This form has been provided by Vital Registry Services Ltd. to our customers in order to assist them in the process of authorizing an individual to act on their behalf for a service. No liability will attach to Vital Registry Services Ltd. through the use of this form.