Department of Finance
Motor Vehicle Division

2855 Tremont Place
Denver, CO 80205
p: 720.865.4600
f: 720.865.4627

Revised 02/2020

February 25, 2020

To Whom It May Concern:

Please complete the attached Runner/Agent Authorization Form for each authorized agent that will be performing motor vehicle transactions on behalf of the agency. Each authorized agent will be required to present this original authorization form with each transaction. Photo-copies will not be accepted.

In an effort to ensure the highest level of secure and efficient service, we are requiring the agent to carry and present their authorization letter with each transaction. Denver Motor Vehicle will no longer keep authorized agents on file. It will be the responsibility of the business providing authorization to remove the letter from the possession of the agent if the agent separates from the agency. Denver County Motor Vehicle will require that the date of authorization reflect the current year, your authorized agent will need a new authorization form every calendar year.

Thank you for your prompt response to this request.

Sincerely,

Denver Motor Vehicle Management

Department of Finance
Motor Vehicle Division

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RUNNER/AGENT AUTHORIZATION FORM

(PLEASE PRINT AND COMPLETE ALL FIELDS)

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____Phone:_____

Business Contact Email Address: _____
(For future communications)

Dealer number (if applicable):_____

We are requesting the following individual to conduct all motor vehicle business transactions for our company with Denver County Motor Vehicle. **We understand that Denver County Motor Vehicle requires our authorized individual to present this original form with each transaction. We understand that we are responsible for removing this letter from the agent's possession if the agent separates from the company. Denver County Motor Vehicle will require that the date of authorization reflects the current year.**

Authorized Individual: _____
FIRST LAST

Authorized Individual: _____ / _____ / _____
DRIVER'S LICENSE NUMBER

Authorized Individual Signature: _____

Date of Authorization: _____ / _____ / _____

Authorizing Agent: _____
FIRST LAST

Signature of Authorizing Agent: _____

Title of Authorizing Agent: _____