



**INFORMATION SERVICES
CERTIFICATION OF AGENCY**

PLEASE CHECK THE APPROPRIATE BOX BELOW:

- My business is a vehicle dealership licensed to do business in the state of California.
- My business is a vehicle manufacturer licensed to do business in the state of California.

PLEASE PRINT THE FOLLOWING INFORMATION REGARDING YOUR OWN BUSINESS:

NAME _____

ADDRESS STREET CITY STATE ZIP CODE

DEALER/MANUFACTURER LICENSE NUMBER _____

DAYTIME TELEPHONE NUMBER

()

I hereby certify, under penalty of perjury, that the party specified below is authorized to act as my agent for the purpose of obtaining information from the Department of Motor Vehicles pursuant to Vehicle Code Section 1808.23.

In making this authorization, I agree to:

Hold the Department harmless from any monetary loss to the Department by reason of the use of information obtained from the Department by this agent; **and**

Pay to the Department, its officers, and any other person(s) all civil damages occasioned to the Department or such persons by reason of the following acts or omissions by this agent:

- (a) obtaining information from the Department by means of false or misleading representations, **or**
- (b) selling, giving, or otherwise furnishing any information obtained from Department records to any third party not specifically authorized and approved by the Department.

PLEASE PRINT THE FOLLOWING INFORMATION REGARDING THE AGENT YOU ARE AUTHORIZING

NAME _____

ADDRESS STREET CITY STATE ZIP CODE

DRIVER LICENSE NUMBER _____

TELEPHONE NUMBER

()

I certify, under penalty of perjury, that the foregoing is true and correct.

EXECUTED AT CITY COUNTY STATE

DATE _____

SIGNATURE OF DEALER OR MANUFACTURER

X