

Authorization to Drive Vehicle

Vehicle Owner:

Phone Number:

Address:

City, State, Zip:

Driver's License:

_____ State _____

Driver Name:

Phone Number:

Address:

City, State, Zip:

Driver's License:

_____ State _____

Vehicle Make/Model: _____

Color and Year: _____

VIN: _____

License Plate/ST: _____

Insurance Policy #: _____ Company _____

I, the undersigned, hereby authorize _____ to drive my motor vehicle, listed above, under the following conditions:

Date(s)/Time(s): _____

Location(s): _____

Other: _____

Signature _____ Date _____

Witness _____ Date _____