



Motor Vehicle Title Service Runner Authorization Form

Please complete this printable form online or write legibly in blue or black ink **ONLY**, within the lines provided. This form will **NOT** be accepted and will be returned if it is illegible, altered or incomplete.

Motor Vehicle Title Service Runner Authorization: to be completed by employer (Title Service Owner)

Employer Business Name:					Date:
Business Address:	City:	State:	Zip:	County:	Business Phone: ()
Signature of Owner:					
Printed Name (same as signature):					

The following individual is authorized to act as a Motor Vehicle Title Service Runner for the company listed above:

Full Legal Name of Applicant (First, Middle, Last)					
Applicant Residence Address (Physical Address)		City	State	Zip	County
Applicant Phone ()	Alternate Phone ()	Applicant Email Address			
Date of Birth (MM/DD/YY)	Social Security Number	Valid Texas DL or ID Number		Expiration Date	

Signature of Applicant: _____ Phone Number: _____

Printed Name of Applicant: _____ Date: _____

NOTE: You are required to notify us immediately of any changes that would interfere with your Motor Vehicle Title Service Runner license.

Warning: Falsifying information on any required statement or government document is a criminal offense and is punishable by fine and/or imprisonment.