



**MVC DEALER CERTIFICATION / SIGNATURE CARD
DELETE AUTHORIZED SIGNATORY**

The undersigned Licensee hereby informs that the individual(s) listed below no longer have authorization to execute documents on behalf of the business and request that he /she be removed as an authorized signatory, effective: MM / DD / YR.

DELETE THE FOLLOWING INDIVIDUAL(S):

NAME (PRINT IN FULL):				
ADDRESS :		CITY :		STATE /ZIP:
TITLE:	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest

NAME (PRINT IN FULL):				
ADDRESS :		CITY :		STATE /ZIP:
TITLE:	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest

NAME (PRINT IN FULL):				
ADDRESS :		CITY :		STATE /ZIP:
TITLE:	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest

NAME (PRINT IN FULL):				
ADDRESS :		CITY :		STATE /ZIP:
TITLE:	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest

I am an owner, partner, corporate officer or individual with a controlling interest in the business listed below and certify that this request and all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to punishment.

Business Name (Print): _____ License #: _____

Business Address: _____ City/State/Zip: _____

Licensee Name (Print): _____ Title: _____

Licensee Signature: _____ Date: _____