



Driver & Vehicle Services Division
Department of Public Safety

Re: DL# _____ DOB _____ Date _____

I, _____
First Name Middle Name Last Name

hereby authorize Edward M. Cohen
Michael E. Friedberg
First Name Middle Name

_____ to obtain and/or pick-up the following
Last Name

item(s) and/or record information from Driver and Vehicle Services:

Record type:

- Motor Vehicle
- Drivers License
- Accident Record
- Limited Drivers License
- Other Rehab

Authorizer's Signature _____

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public's Signature

Notary Public County of _____

My Commission Expires: _____

Signature must be authenticated by one of the following:

Notary Public

Witnessed by a DVS Agent (Deputy Registrar or DL Agent)

This form must be attached to the appropriate DVS Record request document unless the authorization is limited to picking up a limited drivers license.