



13840 Outlet Dr, Silver Spring MD 20904
240-963-5555

Third Party Permission Form

I/WE _____ ,

ADDRESS _____

_____ ,

DO HEREBY AUTHORIZE _____ ,

TO ACT ON MY BEHALF IN ALL MATTERS PERTAINING TO THE ODOMETER

DISCLOSURE, LICENSING AND/OR EXECUTION OF AN ASSIGNMENT CONCERNING THE

FOLLOWING VEHICLE:

YEAR _____ MAKE _____ TITLE # _____

VIN # _____

ODOMETER READING _____ MILES (NO TENTHS)

SIGNATURE OF GRANTOR _____

SIGNATURE OF CO-GRANTOR _____

SIGNATURE OF GRANTEE _____