Bruce Elfant

Tax Assessor - Collector
Voter Registrar

Travis County Specialty License Plate and Disabled Person License Plate Authorization Letter (Rev. 09/14)

I_____ (Owner) certify that _____ (Authorized Individual)

either

_____ has legal right of possession to the vehicle described below

or

_____ that the vehicle described below is used primarily by or for the transportation of the authorized individual.

Furthermore, I authorize the vehicle described below to be operated primarily by or for his/her transportation with the specialty license plate listed below.

Specialty Plate Number _____

Vehicle Description

_____(Vin) _____(Year) _____(Make) _____(Current License Plate #)

_____(Vehicle Owner's DL#)

_____(Vehicle Owner Signature) _____(Date)

Authorized Individual's Acknowledgement

I certify that the vehicle will be used primarily for my transportation and that I have legal right of possession of the vehicle or that I meet the requirements (if any) on the application for the license plates that will be used on this vehicle.

_____(Authorized Individual Signature) _____(Date)

5501 Airport Blvd., Austin, Texas 78751 512 854-9473