

Temporary Registration Authority Cover Sheet

(This form must accompany each request)

Today's Date:			
To: Minnesota Prorate Office		Fax: 651.215.0027	
From:		Phone Number:	
Carrier Name:		Prorate Account #:	
Carrier Fax Number:		Total Pages:	
	Authority (TA) will not be issued wit Statutes, sections 168.183, subdivis		
On behalf of the above na	med carrier, I request the following	service (check all that apply	y):
· · ·	rity and billing invoice (PS2262 EFT arantee same day service	Authorization form must be	attached).
☐ Fax invoice only. (Allo	w three business days for processing	3)	
☐ To pick up credentials	at Town Square Office. (Allow three	business days for processi	ing)
Please ch	eck one (required for new purchase)):	
☐ Titling in	n Minnesota (sales tax required; see	above)	
☐ Titling o	out of state (Non-resident owner)		
☐ Already	titled in Minnesota		
	I understand that once a Temporary e to utilize this unit as a deletion on a		a vehicle, it cannot
		Date:	
(Signature Required)			