**AUTHORIZATION LETTER TO DRIVE VEHICLE**

To,

Name
Job Title
Address
Location (city)

Date

Subject: \_\_\_\_\_\_\_\_\_

Dear Mr/Ms XYZ,

I, \_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_\_ own an XYZ vehicle with registration ID \_\_\_\_\_\_\_ and registration date \_\_\_\_\_\_\_\_\_ and expiry date \_\_\_\_\_\_\_\_\_\_\_.

I have met with an accident and would not be able to drive the vehicle for a period of two months as per the doctor’s recommendation. I am advised to visit the clinic each month as well.

In my absence, I hereby, authorize \_\_\_\_\_\_\_\_\_\_\_, my husband, driving license holder with registration ID \_\_\_\_\_\_\_\_\_ registration date \_\_\_\_\_\_\_\_and expiry date \_\_\_\_\_\_\_\_\_\_\_ to drive the vehicle in my absence as there is only one car in the house.

Yours Sincerely,

XYZ