

## POWER OF ATTORNEY FOR VEHICLE TRANSACTIONS

DATE \_\_\_\_\_

I \_\_\_\_\_ do hereby appoint \_\_\_\_\_  
 (Name) Name of Attorney-in-fact Representative

of \_\_\_\_\_  
 (Business or Title Service if applicable) (Street Address)

\_\_\_\_\_ as my attorney-in-fact to sign my name to all  
 (City) (State) (Zip Code)

applicable documentation relative to any title or registration transactions for the vehicle described herein. I understand that these documents may contain the federally mandated odometer disclosure and that I am responsible for the disclosures made therein. This authority is limited to the vehicle listed below.

Make \_\_\_\_\_ VIN \_\_\_\_\_

Model \_\_\_\_\_ Body Type \_\_\_\_\_ Year \_\_\_\_\_

**Check the appropriate box for each transaction type authorized:**

- |  |   |
|--|---|
| <input type="checkbox"/> Duplicate Title   | <input type="checkbox"/> Transfer of Title                      |
| <input type="checkbox"/> Noting of Lien  | <input type="checkbox"/> Application for Title and Registration |
| <input type="checkbox"/> Request for Verification of Ownership on Vehicles Found Abandoned, Immobile or Unattended | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Vehicle Information Request   | Specify _____   |

The area below is to be completed by the party granting authority

- Individual  Business \_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 (Signature of Individual or Business Owner) (Printed name of Individual or Business Owner)

\_\_\_\_\_  
 (Physical Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
 (Telephone Number) (Email Address)

**TO BE COMPLETED BY NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Personally appeared before me the undersigned authority, \_\_\_\_\_, with whom I have identified, who acknowledged that the foregoing instrument was executed for the purpose therein contained and I as a duly sworn notary have verified that they are a legal resident of \_\_\_\_\_ County, State of \_\_\_\_\_

Please check the below document(s) used for verification

- |  |  |
|--|--|
| <input type="checkbox"/> Driver License    | <input type="checkbox"/> Military ID           |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport              |
| <input type="checkbox"/> State Issued ID   | <input type="checkbox"/> Other (Specify) _____ |

\_\_\_\_\_  
 (Notary Public)

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_