

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION www.revenue.alabama.gov

Power of Attorney

VEHICLE IDENTIFICATION NUMBER (VIN)*				
LICENSE PLATE N	UMBER		STATE OF IS	SUANCE
	LICENSE PLATE N	LICENSE PLATE NUMBER		

В.						
Representative(s): Hereby appoint(s) the following representative(s)						
Name and Address (Please Type or Print)						
Email Address						
Telephone Number ()						

As my attorney-in-fact to sign my name and do all things necessary for the following purpose(s):

Title application, transfer or lien filing	IFTA transaction(s)	register and purchase license plate(s),
Title service provider - Section A is not required		
other purpose, <i>describe:</i>		

for my motor vehicle described above.

ACTS AUTHORIZED

The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

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SIGNATURE OF TAXPAYER	DATE	
SIGNATURE OF TAXPAYER	DATE	
Signature of Appointee:		
	NOT VALID WITHOUT THIS SIGNAT	TURE DATE
If a business firm or corporation is ap in-fact for the owner.	pointed, the signature shall be of an authorize	ed representative of the firm who will perform as attorney-

SPECIAL NOTICE: Any alterations or strikeovers shall void this Power of Attorney. Original signatures are required.