

ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

THIS FORM MAY
BE REPRODUCED

Power of Attorney

VEHICLE IDENTIFICATION NUMBER (VIN)*												YEAR	MAKE	MODEL
BODY TYPE						LICENSE PLATE NUMBER						STATE OF ISSUANCE		

Taxpayer Information	Representative(s): Hereby appoint(s) the following representative(s)
Taxpayer Name(s) and Address (Please Type or Print)	Name and Address (Please Type or Print)
	Email Address** _____
	Telephone Number** (_____) _____
	Fax Number** (_____) _____

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

- Title application, transfer or lien filing
 IFTA transaction(s)
 register and purchase license plate(s),
 other purpose, *describe:* _____,

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:

Sworn to and subscribed before me on date above stated.

 NOTARY PUBLIC

My commission expires:

 SIGNATURE OF TAXPAYER DATE

 SIGNATURE OF TAXPAYER DATE

Signature of Appointee: _____
 NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

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