#  MASSACHUSETTS MOTOR VEHICLE POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**, that

(Company Name or Individual)

gives to , or its designated representative for an indefinite period of time and until canceled in writing, a indefinite period of time and until canceled in writing, a limited power of Attorney, to act on its /his. Her behalf, with regard to all matters pertaining to the registering, licensing, transfer of ownership, an;/or titling of trailer, semi-trailers, motor vehicles and/or power equipment in the State of Massachusetts, including, but not limited to, the preparation of any and all including, but not limited to, the preparation of any and all necessary paperwork required by the State of Massachusetts Bureau of Motor Vehicles. For this service, we agree to pay all mutually agreed up fees.

# SIGNED BY:

 (Duly Authorized Officer of Company or Individual)

**NOTE: If** this Power of Attorney is in an individual’s name, please include your Date of Birth: \_\_\_/ /\_\_\_ and your Social Security Number: - - ; **or**

**If** this Power of Attorney is in a Company Name, please include its Federal ID Number: .

STATE OF MASSACHUSETTS

County of ss. Dated: /\_\_\_\_\_\_/\_\_\_\_

Personally appeared the above-named \_,

 (Name or Officer or Individual)

 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, duly Authorized, and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity, and the free act and deed of said Company.

## Before me,

Notary Public

Print Name:

My Commission expires:

THIS POWER OF ATTORNEY IS LIMITED IN THAT T ONLY GIVES AGENT, AND/OR ITS DESINATED REPRESENTATIVE, THE RGHT TO SIGN TS NAME WHERE YOUR NAME WOULD NORMALLY APPEAR ON REGISTRATIONS/LICENSES/TITLING/TRANSFERS OF OWNERSHIP,OR LILE DOCUMENTS. IT DOES NOT ALLOW AGENT, AND/OR ITS DESIGNATED REPRESENTATIVES, TO SELL, LEASE, TRADE, OR IN ANY OTHER WAY UTILIZE OR TITLE DOCUMENTS ON YOUR BEHALF, UNLESS THIS POWER OF ATORNEY IS ON FILE.

## Described below at: . (Address)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Style | Vin# | Odometer |
| Owners Name | Owners Address |
| Station Name | Station Address |
| Certified Technician Name(Signed) | Certified Technician Name &Number# (Printed) |

I have inspected the vehicle described above and have ***not*** found any safety or equipment requirements that would reject this vehicle from being considered roadworthy. The following items have been inspected. Please list all other inspected items under OTHER.

Brakes Headlights (incl. aim specifications)

Windshield Taillights

Horn Registrations Plates and Rear Plate Lighting

Rearview Mirror Directional Lights

Window Glass Rear Reflector

Seat Belts Body Elements and Sheet Metal Hazards Steering Mechanism Splash Guards

Suspension System Catalytic Converter (1983 and subsequent models) Wheels and Axles Fuel Pipe Restrictor (1983 and subsequent models) Frame Gas Cap Pressure (if applicable)

Exhaust System On-Board Diagnostic (if applicable)

Tires OTHER: