**POWER OF ATTORNEY**

I/WE , GRANT(S) POWER OF ATTORNEY

To . In order so that I/We may make application in Pennsylvania, for Title, Registration, Duplicates, Transfers, Renewals, or Replacements of such. I/We authorize any of the above persons to sign on my or our behalf any forms required by PennDOT, for the purposes above.

**Electronic Address Update**: **ONLY IF DL UPDATE REQUIRED**

**(Print “NO” IF NOT REQUIRED),** last 4 SS#

Affiant authorizes PA Driver License Address Update: to reflect correct address: Street: , PA, Zip Affiant (’s) further state this POA is limited to aforesaid, and only to the vehicle and Driver License information listed on this POA.

TRANSFER OF PLATE (Print ***“NONE”*** if no transfer):

MAKE MODEL YEAR

VIN-

**Signatures and Notarization**

OWNER: X PA DL #

Purchaser or authorized person, Sign above line.

CO-OWNER: X PA DL #

Co-Purchaser if applicable, Sign above line. **\*Or co-owner of plate must sign, to release interest of a transferred plate.**

SUBSCRIBED AND SWORN TO BEFORE ME Lien holder: ELT# THIS DAY OF YEAR

X NOTARY PUBLIC

**THIS P.O.A. IS NOT VALID IN PA WITHOUT NOTARIZATION.**

**(P.O.A. VALID FOR 90 DAYS FROM NOTARIZATION)**