

VERMONT 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 Vermont, 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 Vermont 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 VERMONT)
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			Certified Technician Name & Number# _____		
_____ (Signed)			_____ (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: _____ |