MVT 5-13
1/13

THIS FORM MAY BE REPRODUCED

ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
www.revenue.alabama.gov/motorvehicle/forms.html

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 strikeovers shall void this Power of Attorney. ***Original signatures are required.***

*All VINs for 1981 and subsequent year model vehicles that conform to federal anti-theft standards are required to have 17 digits/characters.
** Optional