



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

MVT 5-13
12/11

THIS FORM MAY
BE REPRODUCED

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.

 SIGNATURE OF TAXPAYER _____
 DATE

 PRINT NAME

My commission expires: _____

 SIGNATURE OF TAXPAYER _____
 DATE

 PRINT NAME

Signature of Appointee: _____

 DATE

NOT VALID WITHOUT THIS SIGNATURE

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