

**Limited Power of Attorney/Commercial Motor Vehicle Transactions\***

GA IRP Account Number:	Fleet Number:	Supplement Number:
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I/We, Vehicle Owner(s)' Full Legal Name(s):

Appoint, Full Legal Name of Appointed Attorney-in-Fact – Only one (1) attorney-in-fact may be appointed:

As my/our attorney-in-fact, to represent (me/us) before the GA Dept. of Revenue with respect to the following described vehicle(s):

Vehicle #1 Year & Make:	Vehicle #1 Vehicle Identification Number:
Vehicle #2 Year & Make:	Vehicle #2 Vehicle Identification Number:
Vehicle #3 Year & Make:	Vehicle #3 Vehicle Identification Number:
Vehicle #4 Year & Make:	Vehicle #4 Vehicle Identification Number:
Vehicle #5 Year & Make:	Vehicle #5 Vehicle Identification Number:
Vehicle #6 Year & Make:	Vehicle #6 Vehicle Identification Number:
Vehicle #7 Year & Make:	Vehicle #7 Vehicle Identification Number:
Vehicle #8 Year & Make:	Vehicle #8 Vehicle Identification Number:

Said attorney-in-fact is authorized to apply for Georgia IRP registration for said vehicle(s) and to perform on (my/our) behalf any act(s) or thing(s) whatsoever concerning such motor vehicle(s) in every respect as (I/we) could do were (I/we) personally present.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the Commissioner but in no event shall this power-of-attorney be valid beyond **twelve (12) months from the date of its execution.**

The undersigned owner(s) further certifies that this power-of-attorney was completely filled in at the time of its execution.

**Vehicle Owner(s)' Certification**

Signed this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
 (Day) (Month) (Year)

Vehicle Owner(s)' Full Legal Name(s) – Printed or Typed:

Vehicle Owner(s)' Signature(s):	Position or Job Title:	Driver's License # & Name of Issuing State:	Date:
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**Acknowledgement of Notary Public**

The undersigned notary public does hereby certify that the above named owner of the vehicle identified in this appointment of an attorney-in-fact, executed this form in my presence and that said owner was proven to be the person named by the use of the following form of positive, picture identification:

Sworn to and subscribed before me, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
 (Day) (Month) (Year)

Notary Public's Full Legal Name:	Notary Public's Address (including city, state & zip):
Notary Public's Notary Seal or Stamp:	Date Notary Commission Expires:
Notary Public's Telephone Number including area code:	Notary Public's e-mail address (optional):

\*This form may be electronically completed and printed for signing and submission from the Department of Revenue's website, [www.dor.ga.gov](http://www.dor.ga.gov). Except for signatures, this form must be typed, electronically completed and printed or printed legibly by-hand. This form must be completed in its entirety, signed and signature notarized. **\*It is a felony for any person to willfully enter false information on a power-of-attorney form.** The Department of Revenue and the County Tag Office reserves the right to verify all information contained on this document before it is accepted.

**Any alteration or correction voids this form.**