



**STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES  
www.dmv.de.gov**

**POWER OF ATTORNEY TO CONDUCT MOTOR VEHICLE BUSINESS**

To the Delaware Division of Motor Vehicles and to whom it may concern:

I, \_\_\_\_\_ the undersigned of  
\_\_\_\_\_ (address), City of  
\_\_\_\_\_, County of \_\_\_\_\_, State of  
\_\_\_\_\_, appoint \_\_\_\_\_, of  
\_\_\_\_\_ (address), City of \_\_\_\_\_,

County of \_\_\_\_\_, State of \_\_\_\_\_, as my attorney  
in fact to sign all papers and documents that may be necessary in order to conduct  
motor vehicle business for the following described vehicle:

_____	_____	_____
Make of Vehicle	Model Year	Vehicle Identification Number

I agree to indemnify and hold harmless the State of Delaware and all public officials  
from the Delaware Division of Motor Vehicles from any and all liability that may accrue  
from motor vehicle work for the so described vehicle.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Co-Owner

State of Delaware

\_\_\_\_\_ County

Be it remembered that on this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_,  
the Subscriber personally came before me.

\_\_\_\_\_  
Notary Public