



INSTRUCTIONS:

- 1. Please provide all information and required documents, and check the applicable boxes.
2. This Power of Attorney (POA) form must be notarized and forwarded to IRB.
3. This POA must be signed by the PRINCIPAL (the person granting this POA - i.e., owner of a sole proprietorship, or general partner in a Partnership or Limited Liability Partnership, or a duly authorized corporate officer of a corporation, or a managing member of a Limited Liability Company (LLC)), AND must be signed by the AGENT (the person being given Power of Attorney).
4. If the Agent is a business organization, attach a separate notarized letter on company letterhead, signed by an authorized representative of the business, which indicates the name(s) of the individual(s) who is/are authorized to sign this POA on behalf of the business.
5. The motor carrier's business location address is required.
6. A new POA must be submitted to IRB annually as part of the IRB renewal process, and to indicate any changes in the information provided herewith.

This Power of Attorney can be revoked by the Principal at any time, upon written notification to IRB. If you are revoking a prior Power of Attorney by executing this Power of Attorney, or if you subsequently revoke this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and you must provide written notification to the IRB.

The undersigned PRINCIPAL hereby appoints the AGENT designated below, to act as an authorized IRP representative of the PRINCIPAL for the purpose of providing and receiving International Registration Plan (IRP) information, and for performing all acts the PRINCIPAL can perform as a New York State IRP registrant with respect to the IRP.

PRINCIPAL (IRB Account Holder):
Principal (Print name of motor carrier) IRP Account Number
BY: (If Principal is a business organization, print name of person authorized to sign this POA on behalf of the organization) (Print Name Here)
Signature of Principal or person authorized to sign this POA on behalf of the business X
Principal's Business Address
City State Zip Code
Title (check box) [] OWNER [] CORPORATE OFFICER [] PARTNER of PARTNERSHIP [] MANAGING MEMBER
Date (mm/dd/yyyy) Telephone Number () - ext. Email Address
Corporate Seal:

AGENT (IRP Representative):
Agent (Print name)
Signature of Representative X
Representative's Street Address
City State Zip Code
Title of Appointed Representative
Date (mm/dd/yyyy) Telephone Number () - ext. Email Address

STATE OF _____ }
} SS.:
COUNTY OF _____ }

On the _____ day of _____, in the year of 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, _____ (Title)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY SEAL:

X _____
Notary Public