



## POWER OF ATTORNEY FOR VEHICLE TRANSACTIONS

(Tenn. Code Ann. § 34-6-101 and 102)

Dealers must use a secure power of attorney (RV-F1316901) to transfer ownership when the original certificate of title is **not available** for the owner to make an odometer disclosure as required by The Motor Vehicle Information & Cost Savings Act of 1986; 49CFR580.

DATE: \_\_\_\_\_

I \_\_\_\_\_, do hereby appoint \_\_\_\_\_  
(Name) (Name of Attorney-in-fact Representative)

of \_\_\_\_\_  
(Business or Title Service, if applicable) (Street Address)

\_\_\_\_\_ as my attorney-in-fact to sign my name to all  
(City) (State) (Zip Code)

applicable documentation relative to any title or registration transactions for the vehicle described herein. I understand that these documents may contain the federally mandated odometer disclosure and that I am responsible for the disclosures made therein. This authority is limited to the vehicle listed below:

Make \_\_\_\_\_ VIN \_\_\_\_\_

Model \_\_\_\_\_ Body Type \_\_\_\_\_ Year \_\_\_\_\_

**Check the appropriate box for each transaction type authorized:**

- |  |   |
|--|---|
| <input type="checkbox"/> Duplicate Title   | <input type="checkbox"/> Transfer of Title                      |
| <input type="checkbox"/> Noting of Lien  | <input type="checkbox"/> Application for Title and Registration |
| <input type="checkbox"/> Request for Verification of Ownership on Vehicles Found Abandoned, Immobile or Unattended | <input type="checkbox"/> Other: _____<br>(Specify)              |
| <input type="checkbox"/> Vehicle Information Request   |   |

The area below is to be completed by the party granting authority:

- Individual  Business \_\_\_\_\_  
Business Name

\_\_\_\_\_  
(Signature of Individual or Business Owner) (Printed Name of Individual or Business Owner)

\_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip Code)

( ) \_\_\_\_\_  
(Telephone Number) (Email Address)

**TO BE COMPLETED BY NOTARY:**

STATE OF TENNESSEE County of \_\_\_\_\_

Personally appeared before me, the undersigned authority, \_\_\_\_\_, with whom I have identified, who acknowledged that the foregoing instrument was executed for the purpose therein contained and I as a duly sworn notary have verified that they are a legal resident of \_\_\_\_\_ County, Tennessee.

Please check the below document(s) used for verification:

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License  | <input type="checkbox"/> Military ID           |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport              |
| <input type="checkbox"/> State Issued ID   | <input type="checkbox"/> Other (Specify) _____ |

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: This document is void if any information has been left blank or if any information entered hereon has been erased or altered by any means.**