

# MINNESOTA MOTOR VEHICLE POWER OF ATTORNEY

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

I, \_\_\_\_\_ (Name) , do hereby appoint \_\_\_\_\_ (Name of Attorney-in-Fact Representative) of \_\_\_\_\_ as my Attorney-in-Fact to sign my name to all applicable documentation relative to any title or resignation 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: _____	MODEL: _____	BODY TYPE: _____
YEAR: _____	VIN: _____	

<b>Check the appropriate box for each transaction type authorized:</b>	
<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: _____ (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 \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>TO BE COMPLETED BY NOTARY:</b>	
State of Minnesota 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 duly sworn notary, have verified that they are a legal resident of _____ County, STATE.	
Please check the type of document(s) used for verification below:	
<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: _____	

