# NORTH DAKOTA MOTOR VEHICLE POWER OF ATTORNEY

Known by all persons by these presents**,** that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Principal”) with a mailing address of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grants to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Agent”) with a mailing address of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or its designated representative for an indefinite period of time or until canceled in writing, a limited power of attorney, to act on its/his/her behalf, with regard to all matters pertaining to the registering, licensing, transfer of ownership, and/or titling of the vehicle listed below with the applicable motor vehicle agency in the State of North Dakota.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **MAKE** | **MODEL** | **VIN** | **ODOMETER** |
|  |  |  |  |  |

Principal’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)  
Principal’s Social Security Number (SSN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal’s Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**NOTARY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ss.

Before me personally appeared the above-named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Principal) acting as Principal for the above-mentioned vehicle and duly acknowledged the foregoing instrument to be his/her free act and deed in his/her individual capacity or, if the representative of a company, acknowledges that he or she is duly authorized to sign the foregoing instrument on behalf of the company.

**NOTARY SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)