



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**POWER OF ATTORNEY**

**Know all men by these presents, that the undersigned does hereby make, constitute and appoint**

|  |            |       |          |
|--|------------|-------|----------|
| LAST NAME (Including Suffix: Sr. Jr. III etc.) | FIRST NAME | MI    |          |
| STREET ADDRESS                                 | CITY       | STATE | ZIP CODE |

My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle, to-wit:

|      |      |      |
|------|------|------|
| MAKE | YEAR | VIN. |
|------|------|------|

And granting to my said attorney-in-fact full authority to do and perform all and every act and thing whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his/her substitute shall lawfully do or cause to be done by virtue hereof.

In Witness whereof, the undersigned has caused his/her name to be subscribed hereto this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

|  |
|--|
| PRINTED NAME OF PERSON GIVING POWER OF ATTORNEY                            |
| LAST 4 DIGITS OF SOCIAL SECURITY NUMBER OF PERSON GIVING POWER OF ATTORNEY |
| SIGNATURE OF PERSON GIVING POWER OF ATTORNEY<br><b>X</b>                   |

**ACKNOWLEDGEMENT**

**Notary:**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ in \_\_\_\_\_ County,

State of \_\_\_\_\_  
(Notary Seal)

**X** \_\_\_\_\_ My commission expires \_\_\_\_\_  
Signature of Notary Public or other Authorized Officer by law