



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 www.revenue.alabama.gov
Power of Attorney

MVT 5-13
4/21

A.

| | | | | |
|--------------------------------------|----------------------|------|-------------------|-------|
| VEHICLE IDENTIFICATION NUMBER (VIN)* | | YEAR | MAKE | MODEL |
| BODY TYPE | LICENSE PLATE NUMBER | | STATE OF ISSUANCE | |

B.

| Taxpayer Information | Representative(s): Hereby appoint(s) the following representative(s) |
|-----------------------------------------------------|----------------------------------------------------------------------|
| Taxpayer Name(s) and Address (Please Type or Print) | Name and Address (Please Type or Print) |
| Email Address _____ | Email Address _____ |
| Telephone Number (_____) _____ | Telephone Number (_____) _____ |

As my attorney-in-fact to sign my name and do all things necessary for the following purpose(s):

- Title application, transfer or lien filing
- IFTA transaction(s)
- register and purchase license plate(s),
- Title service provider - Section A is not required
- other purpose, *describe:* _____,

for my motor vehicle described above.

ACTS AUTHORIZED

The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

▶ _____
 SIGNATURE OF TAXPAYER DATE

 SIGNATURE OF TAXPAYER DATE

Signature of Appointee: ▶ _____
NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

SPECIAL NOTICE: Any alterations or strikeouts shall void this Power of Attorney. Original signatures are required.