MVT 5-13
4/21

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

Power of Attorney

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 strikeovers shall void this Power of Attorney. *Original signatures are required.*