

POWER OF ATTORNEY

48-1001 R12/13 azdot.gov

venicle identification number		Year	маке		Body Style			
Attorney-In-Fact (individual or organization ye	ou wish to act for you in th	nis matter)						
Mailing Address			City			State	Zip	
I appoint the Attorney-In-Fact above authority to endorse and transfer title					secure the t	itle, and f	urther grant the	
Buyer/Seller/Owner Name			Driver License Number Da			Date of Birt	ate of Birth	
Mailing Address			City			State	Zip	
Signature						I	l	
	Acknowledged before me this date.			Notary or MVD Agent Signature				
Date County			1	State	Commission E	xpires		