

POWER OF ATTORNEY TO SIGN FOR OVERILLE WHEN REGISTERING AND/OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE Richmond, Virginia 23269-0001 WHEN REGISTERING AND/OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE Richmond, Virginia 23269-0001

			VEHIC	LE OWNE	R(S):				
OWNER NAME (last, first, middle)					CO-OWNER NAME (last, first, middle)				
OWNER STREET ADDRESS				CO-OWN	CO-OWNER STREET ADDRESS				
CITY		STATE	ZIP	CITY			STATE	ZIP	
		PO	VER OF AT	TORNEY G	RANTED TO:				
				(first)		(middle)	1		(suffix)
STREET ADDRESS				CITY			STATE	ZIP	
			VEHICL	E INFORM	ATION				
VEHICLE MAKE	BODY TYPE	MODEL	YEAR VE	HICLE IDENTIF	ICATION NUMBER (VIN)	TITLE NUMBER			
			CEF	RTIFICATIO	N				
attorney-in-fact to s necessary to regist perform any and all	ner(s) of the motor vehicle desci sign in my/our name, place, and ter and/or transfer ownership of s I other acts necessary or incider ower of substitution.	stead ar said mot	y Certificate of or vehicle; and	Title, or other I/we do hereby	supporting papers, coveri grant unto said attorney-	ng said motor vehic in fact full authority	ele, in wh and pov	natever m ver to do	anner and
that the information	and affirm that all information pr n included in all supporting docul owingly making a false statemer	mentatio	n is true and ac	curate. I/We r	nake this certification and				
OWNER SIGNATURE					IER SIGNATURE				
DMV CUSTOMER NUMBER/EMPLOYER FEDERAL ID NUMBER (If vehicle owned by a company or corporation) DATE (mm/dd/vvvv)					STOMER NUMBER/EMPLO				v)