# WISCONSIN MOTOR VEHICLE POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**, that [NAME OF PRINCIPAL]

gives to [NAME OF AGENT], or its designated representative for an indefinite period of time and until canceled in writing, a indefinite period of time and until canceled in writing, a limited power of Attorney, to act on its /his. Her behalf, with regard to all matters pertaining to the registering, licensing, transfer of ownership, an;/or titling of trailer, semi-trailers, motor vehicles and/or power equipment in the State of Wisconsin, including, but not limited to, the preparation of any and all including, but not limited to, the preparation of any and all necessary paperwork required by the State of Wisconsin Bureau of Motor Vehicles. For this service, we agree to pay all mutually agreed up fees.

# SIGNED BY:

(Duly Authorized Officer of Company or Individual)

**NOTE: If** this Power of Attorney is in an individual’s name, please include your Date of Birth: [DATE OF BIRTH OF PRINCIPAL] and your Social Security Number: [SOCIAL SECURITY NUMBER OF PRINCIPAL]; **or**

**If** this Power of Attorney is in a Company Name, please include its Federal ID Number: [FEDERAL ID NUMBER OF PRINCIPAL].

STATE OF WISCONSIN )

County of [COUNTY NAME]) ss. Dated: [DATE]

Personally appeared the above-named [NAME OF PRINCIPAL] of [ADDRESS OF PRINCIPAL], duly Authorized, and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity, and the free act and deed of said Company.

## Before me,

 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Notary Public

Print Name: [NOTARY NAME]

My Commission expires: [DATE COMMISSION EXPIRES]

THIS POWER OF ATTORNEY IS LIMITED IN THAT T ONLY GIVES AGENT, AND/OR ITS DESINATED REPRESENTATIVE, THE RGHT TO SIGN TS NAME WHERE YOUR NAME WOULD NORMALLY APPEAR ON REGISTRATIONS/LICENSES/TITLING/TRANSFERS OF OWNERSHIP,OR LILE DOCUMENTS. IT DOES NOT ALLOW AGENT, AND/OR ITS DESIGNATED REPRESENTATIVES, TO SELL, LEASE, TRADE, OR IN ANY OTHER WAY UTILIZE OR TITLE DOCUMENTS ON YOUR BEHALF, UNLESS THIS POWER OF ATORNEY IS ON FILE.

## Described below at: [ADDRESS].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year[YEAR] | Make[MAKE] | Model[MODEL] | Style[STYLE] | Vin#[VIN #] | Odometer[ODOMETER] |
| Owners Name[NAME OF OWNER] | Owners Address[ADDRESS OF OWNER] |
| Station Name[NAME OF STATION] | Station Address[ADDRESS OF STATION] |
| Certified Technician Name[NAME OF TECHNICIAN][\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)(Signed) | Certified Technician Number:[NUMBER OF TECHNICIAN](Printed) |

I have inspected the vehicle described above and have ***not*** found any safety or equipment requirements that would reject this vehicle from being considered roadworthy. The following items have been inspected. Please list all other inspected items under OTHER.

Brakes Headlights (incl. aim specifications)

Windshield Taillights

Horn Registrations Plates and Rear Plate Lighting

Rearview Mirror Directional Lights

Window Glass Rear Reflector

Seat Belts Body Elements and Sheet Metal Hazards Steering Mechanism Splash Guards

Suspension System Catalytic Converter (1983 and subsequent models) Wheels and Axles Fuel Pipe Restrictor (1983 and subsequent models) Frame Gas Cap Pressure (if applicable)

Exhaust System On-Board Diagnostic (if applicable)

Tires OTHER: [OTHER VEHICLE ATTRIBUTE IF ANY]