## **ARKANSAS VEHICLE POWER OF ATTORNEY**

THIS DOCUMENT PRESENTS that	, (Company Name			
or Individual) with a mailing address of				
(Principal) grants to	, with a mailing address of			
	_ (Agent) or its designated			
representative for an indefinite period of time or 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, and/or titling of the vehicle				
listed below with the applicable motor vehicle agency in the State of Arkansas.				

Year	Make	Model	Style	Vin Number	Odometer

If this Power of Attorney is in an *Individual's Name*, include the following:

Date of Birth: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_

If this Power of Attorney is in a <u>Company's Name</u>, include the following:

Federal ID/EIN Number: \_\_\_\_\_

Principal's Signature	Date:
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## NOTARY ACKNOWLEDGMENT

STATE OF Arkansas)

COUNTY OF \_\_\_\_\_) ss.

Before me personally appeared the above-named

\_\_\_\_\_\_, (Name or Officer or Individual) acting as principal for the above-mentioned vehicle and duly acknowledged the foregoing instrument to be his/her free act and deed in his/her individual capacity or, if the representative of a company, acknowledges that he or she is duly authorized to sign the foregoing instrument on behalf of the company.

Notary Signature \_\_\_\_\_

Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)

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