

POWER OF ATTORNEY

I/WE _____, GRANT(S) POWER OF ATTORNEY
To _____.

In order so that I/We may make application in Pennsylvania, for Title, Registration, Duplicates, Transfers, Renewals, or Replacements of such. I/We authorize any of the above persons to sign on my or our behalf any forms required by PennDOT, for the purposes above.

Electronic Address Update: ONLY IF DL UPDATE REQUIRED

(Print "NO" IF NOT REQUIRED), last 4 SS# _____

Affiant authorizes PA Driver License Address Update: to reflect correct address:

Street: _____, PA, Zip _____

Affiant ('s) further state this POA is limited to aforesaid, and only to the vehicle and Driver License information listed on this POA.

TRANSFER OF PLATE (Print "**NONE**" if no transfer): _____

MAKE _____ MODEL _____ YEAR _____

VIN- _____

Signatures and Notarization

OWNER: X _____ PA DL # _____

Purchaser or authorized person, Sign above line.

CO-OWNER: X _____ PA DL # _____

Co-Purchaser if applicable, Sign above line. *Or co-owner of plate must sign, to release interest of a transferred plate.

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____ YEAR _____

Lien holder: ELT# _____

X _____
NOTARY PUBLIC

**THIS P.O.A. IS NOT VALID IN PA WITHOUT NOTARIZATION.
(P.O.A. VALID FOR 90 DAYS FROM NOTARIZATION)**