

Suggested Format for Power of Attorney
Please cut and paste onto your official company letterhead and submit with
Corpcode Request to the New Jersey Motor Vehicle Commission

Name of Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Street Address if mailing address is a PO Box: _____

Federal Taxpayer ID#: _____ Phone #: _____
Business Description: _____

Power of Attorney is being authorized for the following motor vehicle business:
 Request corpcode Title vehicle Register vehicle

Power of Attorney being granted to: _____
(Please print name)

Relationship to Company: _____
(Must be employed by or hired by your company)

If you plan on titling and or registering vehicle, please provide the following:
(may copy this section multiple times for multiple vehicles)

Vehicle type: _____ Make: _____ Model: _____
Year of vehicle: _____ VIN or Hull#: _____
Insurance Co. Name: _____ Policy #: _____
Phone #: _____

I hereby certify to the accuracy of the above information and that the person to whom Power of Attorney is being granted and I are both legally residing in the United States.

Print Name and Title of Company Official authorizing Power of Attorney:

_____ (Name) _____ (Title)

STOP: SIGN IN THE PRESENCE OF A NOTARY

Company Official's Signature: _____ Date: _____
(Must be same person as stated directly above)

Driver License #: _____ State of Issuance: _____
Note: A photocopy of the driver license of the company official granting the Power of Attorney and a photocopy of the individual given the Power of Attorney must be attached to this document.

This space is reserved for Notary Only:
