

## TENNESSEE DEPARTMENT OF REVENUE VEHICLE SERVICES DIVISION MOTOR CARRIER SECTION

## POWER OF ATTORNEY FOR MOTOR CARRIER

Date				
I hereby appoint		Name		
_				
of(Street Address)	(City)		(State)	(Zip Code)
Phone:		E-mail		
as my attorney in fac vehicle described he	ct to sign my name to all applicable docum rein:	nentation relative	to any title or registratio	n transaction for the
Make		VIN		
Model	Body Type		Year	
	Check the appropriate box for each t	ransaction reques	sted:	
	Application for Title and Registration	n T.C.A. 55-3-1	01, et seq.	
	International Registration Plan Appli	cation Processing	T.C.A. 55-4-121	
	☐ Schedule A ☐ Schedule			
	Owners Authorization to be Issued to	Lessee T.C.A.	55-4-101 (d)(1)	
Signature of Owner		Owner's E-mail		
Owner's Address				
Owner's Telephone N	Number			
STATE OF TENNES	SSEE			
County of				
	appeared before me, the undersigned autho			
	actorily proven) to be the person subscribed cuted for the purpose therein contained.	d to the within instr	ument who acknowledg	ed that the foregoing
Mv commission exp	ires:		(Notary Pul	olic)

NOTE: Dealers must use secured Power of Attorney (RV-F1316901) when transferring ownership for vehicles ten (10) years or newer, if the certificate of title is lost or held by the lien holder per Truth in Mileage Act USC Code. This document is void if any information has been left blank or if any information entered hereon has been erased or altered by any means.