



## Georgia Department of Revenue - Motor Vehicle Division Limited Power of Attorney - Motor Vehicle Transactions

**SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE  
APPOINTED ATTORNEY-IN-FACT'S DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION.**

This form can be electronically completed and printed for signing and submission from the Department of Revenue website, [www.dor.ga.gov](http://www.dor.ga.gov). Except for signatures, this form may be typed, electronically completed and printed or printed legibly by-hand in blue or black ink. This form must be completed in its entirety, signed and notarized. **\*It is a felony for any person to willfully enter false information on this form.** The Department of Revenue or the County Tag Office reserves the right to verify all information contained on this document before it is accepted.

**NOTE:** You cannot use a "limited" power of attorney when the seller/transferor and the buyer/transferee on the title assignment are the same person or agents of the same company or corporation when there is a requirement to disclose the motor vehicle's odometer reading.

**PHOTOCOPIES ARE NOT ACCEPTABLE - ORIGINAL FORM MUST BE SUBMITTED. ANY ALTERATION OR CORRECTION VOIDS THIS FORM.**  
**PRIOR VERSIONS OF THIS FORM WILL NOT BE ACCEPTED AFTER 3/1/2015.**

### APPOINTMENT OF ATTORNEY-IN-FACT

I/We,	Vehicle Owner(s) Full Legal Name(s)
Appoint	Full Legal Name of Appointed Attorney-in-Fact (Only one (1) Attorney-in-Fact may be appointed)

As my/our attorney-in-fact, to represent me/us before the Georgia Department of Revenue or any of the County Tax Commissioners' offices in the state with respect to the following described vehicle:

Vehicle Identification Number (VIN):	<input type="text"/>				
Year:	<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>

Said attorney-in-fact is authorized to apply for an original or replacement certificate of title, to transfer title to said motor vehicle and to perform on my/our behalf any act or thing whatsoever concerning such motor vehicle in every aspect as I/we could do were I/we present.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the Department of Revenue or Tax Commissioner, but in no event shall this power-of-attorney be valid beyond twelve (12) months from the date of its execution.

The undersigned owner(s) further certify that this power-of-attorney was completely filled in at the time of its execution.

Signed and attested this <input type="text"/> day of <input type="text"/> , <input type="text"/>	
Owner(s) Full Legal Name(s): <small>Printed or Typed</small>	Owner(s) Signature(s):
Owner's Address:	Owner's Phone Number:

### ACKNOWLEDGEMENT OF NOTARY PUBLIC

The undersigned notary public does hereby certify that the above named owner of the vehicle identified in this appointment of an attorney-in-fact, executed this form in my presence and that said owner(s) was/were proven to be the person(s) named by the use of the following form of positive, picture identification **(a copy of the Owner(s) Driver's License must accompany this form if applying for an expedited title at the DOR Southmeadow location):**

Owner(s) Valid Driver's License Number:	Name(s) as listed on Driver's License:	Name(s) of Issuing State:
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Sworn to and subscribed before me this <input type="text"/> day of <input type="text"/> , <input type="text"/>	
Notary Public's Full Legal Name: <small>Printed or Typed</small>	Notary Public's Signature:
Notary Public's Address:	Notary Public Seal/Stamp:
Notary Public's Phone Number:	
Date Notary Commission Expires:	