

Limited Power of Attorney/Commercial Motor Vehicle Transactions*

GA IRP Account Number:	Fleet Number:	Supplement Number:
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 GA Dept. of Revenue with respect to the following described vehicle(s):		
Vehicle #1 Year & Make:	Vehicle #1 Vehicle Identification Number:	
Vehicle #2 Year & Make:	Vehicle #2 Vehicle Identification Number:	
Vehicle #3 Year & Make:	Vehicle #3 Vehicle Identification Number:	
Vehicle #4 Year & Make:	Vehicle #4 Vehicle Identification Number:	
Vehicle #5 Year & Make:	Vehicle #5 Vehicle Identification Number:	
Vehicle #6 Year & Make:	Vehicle #6 Vehicle Identification Number:	
Vehicle #7 Year & Make:	Vehicle #7 Vehicle Identification Number:	
Vehicle #8 Year & Make:	Vehicle #8 Vehicle Identification Number:	
Said attorney-in-fact is authorized to apply for Georgia IRP registration for said vehicle(s) and to perform on (my/our) behalf any act(s) or thing(s) whatsoever concerning such motor vehicle(s) in every respect as (I/we) could do were (I/we) personally 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 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 certifies that this power-of-attorney was completely filled in at the time of its execution.		
Vehicle Owner(s)' Certification		
Signed this _____ of _____, _____ (Day) (Month) (Year)		
Vehicle Owner(s)' Full Legal Name(s) – Printed or Typed:		
Vehicle Owner(s)' Signature(s):	Position or Job Title:	Driver's License # & Name of Issuing State:
		Date:
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 was proven to be the person named by the use of the following form of positive, picture identification:		
Sworn to and subscribed before me, this _____ of _____, _____ (Day) (Month) (Year)		
Notary Public's Full Legal Name:	Notary Public's Address (including city, state & zip):	
Notary Public's Notary Seal or Stamp:	Date Notary Commission Expires:	
Notary Public's Telephone Number including area code:	Notary Public's e-mail address (optional):	
*This form may be electronically completed and printed for signing and submission from the Department of Revenue's website, www.dor.ga.gov . Except for signatures, this form must be typed, electronically completed and printed or printed legibly by-hand. This form must be completed in its entirety, signed and signature notarized. *It is a felony for any person to willfully enter false information on a power-of-attorney form. The Department of Revenue and the County Tag Office reserves the right to verify all information contained on this document before it is accepted.		

Any alteration or correction voids this form.