## STATE OF FLORIDA DIVISION OF MOTOR VEHICLES

## 2900 Apalachee Parkway Neil Kirkman Building, Tallahassee, Florida 32399

## POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

I hereby name and app	oint,					, to be	my lawful	
record a lien to the moti in my behalf. My attorn	or vehicle, mo ey-in-fact can	(Full Na ying for an original or dup bile home or vessel descr also do all things necess ner as I myself could do, v	licate ce ribed bel ary to the	ow, and to	o print my ion or any	egister, transfer tit name and sign the other related ins	tle, or neir name, trument	
With full power of subst lawfully do or cause to b	tution and rev e done in the	rocation, I hereby ratify ar virtue hereof.	nd confire	m whateve	er my said	l attorney-in-fact	may	
CHEC	K ONE:	Motor Vehicle		Mobile H	lome	Vessel		
Year		Make/Manufacturer	Body	/ Туре		Title Number		
		Vehicle/Vessel Identifi	cation Nu	mber				
NOTICI	TO OWNER:	COMPLETE THIS FORM	I IN ITS E	NTIRETY	PRIOR TO	O SIGNING.		
		(Signature of Owner / Co-	owner "Gra	antor")				
		(Street Address of Owner / C	o-owner "(	Grantor")				
(City	)		(State	)		(Zip)		
(Driver License, Identification C	ard or FEID Num	ber)			(Date of B	irth, if applicable)		
(To be Completed by Notar Sworn to (or affirmed) and	v): subscribed befo	re me this	_ day of _					
20, by								
	(	Print or Type Name of the Perso	n Making ti	he above Sta	atement)			
	-	(Print, Type or Stamp Comr	missioned I	Name of Not	arv)			
(SEAL)				10.770	u., y)			
(02/12)	-	(Signature o	of Notary)					
		Personally Known						
		or, Produced Identific	cation					
		Type of Identification I	Produced:					
used to allow an individu	al or entity (si	n may be used when an in e statement as the <b>buyer</b> ich as a dealership) to sig may be accomplished on	only or t	h buyor o	only. Ho	wever, this form (	cannot be	
a) the title is phys b) the title is lost	the title is physically being held by the lienholder; or the title is lost							
NOTE: A licensed deale	r and his emp	loyees are considered a s	single en	tity.				

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