

INDIANA POWER OF ATTORNEY FOR  
MOTOR VEHICLES

I, \_\_\_\_\_ (*name*), currently residing at \_\_\_\_\_  
\_\_\_\_\_ (*address*), hereby appoint  
\_\_\_\_\_ (*agent s name*), currently residing at  
\_\_\_\_\_ (*address*), as my agent  
(*attorney-in-fact*) to act for me in any lawful way with respect to the below-listed transactions  
involving the following motor vehicle:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN Number: \_\_\_\_\_

Odometer: \_\_\_\_\_

Other Identifying Characteristics: \_\_\_\_\_

This power of attorney grants to my agent the power to do all acts concerning the  
abovedescribed motor vehicle, including but not limited to the power to register, license, sell,  
transfer ownership, repair, maintain, or retitle such vehicle, and the power to communicate  
with and execute all documents required by the Department of Motor Vehicles in the State of  
Indiana.

My Social Security Number/Tax ID Number is: \_\_\_\_\_

My date of birth is: \_\_\_\_\_

**EFFECTIVE DATE:**

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE  
UNTIL IT IS REVOKED.



Successor Attorney- in-Fact. If \_\_\_\_\_ (*agent's name*) is unable or unwilling to serve or to continue to serve as my attorney-in-fact for any reason, then \_\_\_\_\_ (*alternate agent's name*), presently residing at \_\_\_\_\_ (*address*) is hereby appointed successor attorney-in-fact hereunder.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF INDIANA )

COUNTY OF \_\_\_\_\_ ) ss

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Indiana that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (seal)



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