



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
www.dmv.de.gov

POWER OF ATTORNEY TO CONDUCT MOTOR VEHICLE BUSINESS

To the Delaware Division of Motor Vehicles and to whom it may concern:

I, _____ the undersigned of

_____, County of _____, State of
_____, appoint _____, of
_____ (address), City of _____,

County of _____, State of _____, as my attorney
in fact to sign all papers and documents that may be necessary in order to conduct
motor vehicle business for the following described vehicle:

_____, _____, _____.
Make of Vehicle Model Year Vehicle Identification Number

I agree to indemnify and hold harmless the State of Delaware and all public officials
from the Delaware Division of Motor Vehicles from any and all liability that may accrue
from motor vehicle work for the so described vehicle.

Date

Signature of Owner

Signature of Co-Owner

State of Delaware

_____ County

Be it remembered that on this _____ day of _____, A.D. _____,
the Subscriber personally came before me.

Notary Public