$\frac{\text{MASSACHUSETTS POWER OF ATTORNEY FOR}}{\text{MOTOR VEHICLES}}$

Ι,	(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 Chara	acteristics:		
This power of attorney	grants to my agent the power to do all acts concerning the		
abovedescribed motor v	vehicle, including but not limited to the power to register, license, sell,		
transfer ownership, repa	air, maintain, or retitle such vehicle, and the power to communicate		
with and execute all doo	cuments required by the Department of Motor Vehicles in the State of		
Massachusetts.			
My Social Security Nur	mber/Tax ID Number is:		
EFFECTIVE DATE:			
THIS POWER OF ATT	CORNEY 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 attorne	y-in-fact hereunder.
Revocation of the power of attorney is not effect	ndemnify the third party for any claims that arise
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 MASSACHUS	SETTS)	
) ss	
COUNTY OF)	
On	before me,	
		(insert name and title of the officer)
personally appeared		, who proved to me on the within whose name(s) is/are subscribed to the within
authorized capacity(ies), ar	nd that by his/her/the	they executed the same in his/her/their ir signature(s) on the instrument the person(s), acted, executed the instrument.
I certify under PENALTY foregoing paragraph is true		the laws of the State of Massachusetts that the
WITNESS my hand and of	ficial seal.	
Signature		(seal)



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Massachusetts Power of Attorney Forms.

