

ARKANSAS 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
Arkansas.

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 ARKANSAS)
) ss
COUNTY OF _____)

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 Arkansas that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)



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If you want to learn more about Motor Vehicle Power of Attorney, read more in our general

category [Motor Vehicle Power of Attorney Template](#).

Click the following link to find out more details about

[Arkansas Power of Attorney Forms](#).

