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

| I, | (name), currently residing at | |
|---|--|--|
| | (address), hereby appoint | |
| | (agent s name), currently residing at | |
| | (address), as my agent | |
| (attorney-in-fact) to act for | r me in any lawful way with respect to the below-listed transactions | |
| involving the following me | otor vehicle: | |
| Make: | | |
| Model: | | |
| Year: | | |
| VIN Number: | | |
| Odometer: | | |
| Other Identifying Characte | eristics: | |
| abovedescribed motor veh transfer ownership, repair, | ants to my agent the power to do all acts concerning the icle, including but not limited to the power to register, license, sell, maintain, or retitle such vehicle, and the power to communicate ments required by the Department of Motor Vehicles in the State of | |
| My Social Security Number | er/Tax ID Number is: | |
| My date of birth is: | | |
| EFFECTIVE DATE: | | |
| THIS POWER OF ATTO | RNEY 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 PENNSYLVANIA | |
|---|---|
| |) ss |
| COUNTY OF | .) |
| On | before me, |
| | (insert name and title of the officer) |
| personally appeared | , who proved to me on the |
| authorized capacity(ies), and that | me that he/she/they executed the same in his/her/their t by his/her/their signature(s) on the instrument the person(s), h the person(s) acted, executed the instrument. |
| I certify under PENALTY OF PI foregoing paragraph is true and c | ERJURY under the laws of the State of Pennsylvania that the correct. |
| WITNESS my hand and official | seal. |
| Signature | (seal) |



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Pennsylvania Power of Attorney Forms.

