



Georgia Department of Revenue - Motor Vehicle Division Limited Power of Attorney for ETR Remote E-signature Solutions



SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE APPOINTED ATTORNEY-IN-FACT'S DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION

This form must be completed in its entirety and electronically submitted through the Georgia Department of Revenue - Motor Vehicle Division's Electronic Title and Registration (ETR) program using a remote signature solution. ***It is a felony for any person to willfully enter false information on this form.** The Georgia Department of Revenue reserves the right to verify all information contained on this document before it is accepted.

NOTE: You cannot use a "limited" power of attorney when the seller/transferor and the buyer/transferee on the title assignment are the same person or agents of the same company or corporation when there is a requirement to disclose the motor vehicle's odometer reading.

PHOTOCOPIES ARE NOT ACCEPTABLE - ORIGINAL FORM MUST BE SUBMITTED. ANY ALTERATION OR CORRECTION VOIDS THIS FORM.

APPOINTMENT OF ATTORNEY-IN-FACT

I/We,

Vehicle Owner(s) Full Legal Name(s)

Appoint

Full Legal Name of Appointed Attorney-in-Fact (Only one (1) Attorney-in-Fact may be appointed)

As my/our attorney-in-fact, to represent me/us before the Georgia Department of Revenue or any of the County Tax Commissioners' offices in the state with respect to the following described vehicle:

Vehicle Identification No. (VIN):

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Year:

Make:

Model:

Said attorney-in-fact is authorized to apply for an original or replacement certificate of title, to transfer title to said motor vehicle and to perform on my/our behalf any act or thing whatsoever concerning such motor vehicle in every aspect as I/we could do were I/we present.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the Department of Revenue or Tax Commissioner, but in no event shall this power-of-attorney be valid beyond twelve (12) months from the date of its execution.

The undersigned owner(s) further certify that this power-of-attorney was completely filled in at the time of its execution.

Signed and attested this

day of

Owner(s) Full Legal Name(s):

Street Address:

Street No.

Street Name

Apt./Suite No.

City:

State:

ZIP Code:

Telephone No.:

Owner(s) Signature(s):