HRT-8S2 (11/2018



Hurricane Relief Secure Power of Attorney (For Salvage Title Applications)



WARNING! This form may only be used by insurance companies licensed to do business in Georgia applying for replacement titles on total loss settlements of vehicles damaged in Hurricane Michael (2018).

Purpose of this Form: This form may only be used by insurance companies licensed to do business in Georgia applying for replacement titles on total loss settlements of vehicles damaged in Hurricane Michael, where the original title was lost, damaged, or destroyed. This form must be submitted to the State of Georgia by the person exercising the Power(s) of Attorney to secure a replacement title only for total loss claims paid on or before December 31, 2018. This form may only be used for vehicles damaged in Hurricane Michael that were registered in 1 of the 28 counties included in the renewal of the State of Emergency pronounced in the Governor's November 6, 2018 Executive Order. Unauthorized use of this form may result in fines and/or imprisonment. How to submit this Form:

This form authorizes the insurance company to apply for a replacement title on the insured's behalf if the original title was lost, damaged, or destroyed.

- If the original certificate of title was lost, damaged, or destroyed, the insurance company should first apply for a replacement title on behalf of the insured by submitting the following either in person or via drop box at DOR/Motor Vehicle Division, Attn: Title Processing Unit, 4125 Welcome All Road, Atlanta, GA 30349, or by mail to DOR/Motor Vehicle Division, Attn: Title Processing Unit, P.O. Box 740381, Atlanta, GA 30374-0381:
 - Completed Hurricane Relief Secure Power of Attorney (For Salvage Title Applications) (Form HRT-8S2).
 - Proof of a paid claim and the date on which it was paid.
 - The mutilated (damaged) title, when available.
 - Completed Form MV-1 Title/Tag Application and \$8.00 replacement title fee.
- Once the insurance company has received the replacement title, the insurance company should apply for a salvage title by submitting the following either in person or via drop box at DOR/Motor Vehicle Division, Attn: Salvage Unit, 4125 Welcome All Road, Atlanta, GA 30349, or by mail to DOR/Motor Vehicle Division, Attn: Salvage Unit, P.O. Box 740384, Atlanta, GA 30374-0384:
 - Completed Hurricane Relief Secure Power of Attorney (For Salvage Title Applications) (Form HRT-8S2).
 - The replacement title, properly assigned to the insurance company and with all recorded liens or security interests properly released.
 - Completed Form MV-1S Salvage Title Application, \$18.00 title fee, and the title ad valorem tax (TAVT).

• This form may only be used by insurance companies licensed to do business in Georgia or their agents. Please refer to dor.georgia.gov/insurance-company-keeps-wreckedsalvage-vehicle for additional information on the salvage application process.					
VEHICLE INFORMATION					
Year:	Make:	Model:	Body Type:	Vehicle Identification Number:	
Part A POWER OF ATTORNEY APPOINTMENT					
POWER OF ATTORNEY TO APPLY FOR REPLACEMENT TITLE, ASSIGN TITLE, APPLY FOR SALVAGE TITLE, DISCLOSE MILEAGE, REVIEW TITLE DOCUMENTS, AND ACKNOWLEDGE DISCLOSURE. Federal and State laws require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. I,					
as my attorney-in-fact, to sign all papers and documents required to secure a Georgia Salvage Title and to disclose the mileage on the title for the vehicle described above, exactly as stated in my following disclosure.					
I,					
(Transferor's Printed Name)			(Insurance Company's Printed Name)		
(Transferor's Signature) (Insurance Company's Street Address)				surance Company's Street Address)	
(Transferor's Street Address)			(City, State, and ZIP Code)		
(0	City, State, and ZIP Code)				
Part B CERTIFICATION (To be completed ONLY after Part A is completed)					
I,, hereby certify that I am an authorized agent of the insurance company named (Printed Name and Title of Person Exercising Power of Attorney) above, a total loss claim was paid on and accepted for this vehicle, the claim was paid as a result of Hurricane Michael, and the mileage I					
(Date) have disclosed on the title document is consistent with that provided to me in the above Power of Attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the Power of Attorney is greater than that previously stated on the title and any reassignment documents. This certification is not intended to create, nor does it create, any new or additional liability under federal or state law.					
I,, state that the odometer now reads (no tenths) miles and, (Printed Name and Title of Person Exercising Power of Attorney) to the best of my knowledge, that it reflects the actual mileage unless one of the following statements is checked. [] (1) The mileage stated is in excess of its mechanical limits. [] (2) The odometer reading is NOT the actual mileage. WARNING – ODOMETER DISCREPANCY					
(Printed Name of Per	son Shown in Part B Exercisi	ng Power of Attorney)	(Signature of Person S	Shown in Part B Exercising Power of Attorney) (Date)	
(Street Address) (City, State, and ZIP Code)					