



MOTOR CARRIER DIVISION
 555 WRIGHT WAY
 CARSON CITY, NV 89711-0600
 (775) 684-4711
 fax (775) 684-4619
<http://www.dmvnv.com/mchome.html>

POWER OF ATTORNEY (POA)

Registration / Tax Year: 20_____

Please Note: You must complete this form if anyone other than yourself will be acting on your behalf

Motor Carrier Account Number: _____ FEIN: _____

Full Legal Name: _____

Doing Business As: _____

Address: _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

The following agent is authorized to provide and receive information and to perform any and all acts that I can perform as the registrant/taxpayer with respect to any Nevada Motor Carrier Division matters.

I would like all correspondence to be sent to:

Registrant/Taxpayer: _____ **Authorized Agent:** _____ **Both** _____

Authorized Agent: _____

Address: _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

This Power of Attorney authorizes the above named agent to:

1. Sign and file all registration documents, special fuel, and motor fuel documents and tax forms.
2. Provide, receive, and discuss information regarding the above account.

Please Note: The carrier is responsible for notifying the Department when this POA is no longer valid.

I hereby certify the Nevada Department of Motor Vehicles, Motor Carrier Division is authorized to release to the above named authorized agent any and all information in their files with respect to any matters regarding the above account. I relieve the Department and their representatives of any liability related to the release of such information to the above named authorized agent. I understand this authorization does not absolve me, as the registrant/taxpayer, of the responsibility to ensure that all tax returns, taxes, and registration payments are filed and paid on time. Also, I understand this authorization replaces any prior authorization filed with the Department.

 Authorized Registrant/Taxpayer signature (Required) Date (Required)

 Printed Full Legal name and title (Required) Date (Required)

 Signature of Notary or Authorized DMV Representative (Required) Date (Required)