555 WRIGHT WAY
CARSON CITY, NV 89711-0700
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

POWER OF ATTORNEY

Please print or type

KNOW ALL MEN BY THESE PRESENTS

That the undersigned, _____

in the County of _____ State of _____

being the Registered and/or Legal Owner of the following described motor vehicle:

Year _____ Make _____ Model _____

Vehicle Identification Number _____

Does hereby make, constitute and appoint _____

of the County of _____ State of _____, true and lawful Attorney in Fact to sign in the name, place and stead of the undersigned, any Certificate of Title or Vehicle Registration Certificate issued by the Department of Motor Vehicles of the State, covering the motor vehicle described above, in whatever manner necessary to transfer any Registration Certificate or Certificate of Title. Granting and giving unto said Attorney in Fact, full authority and power to do and perform any and all other acts authorized hereby, as fully to all intents and purposes as the grantor might, or could do if personally present, with full power of substitution.

Note: This form **may not** be used to disclose the odometer reading of a vehicle.

Full Legal Name _____
First Middle Last

Nevada Driver's License, Identification Card
Number, Date of Birth, or FEIN for businesses _____

Physical Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

_____
Notary Public ***or*** Authorized Nevada DMV Representative

Notary Stamp

Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed and witnessed.