

**POWER OF ATTORNEY FOR VEHICLE TRANSACTIONS**

This form must be used when making application for a vehicle duplicate title on behalf of a company or individual, or picking up a title being held for the titled owner of the vehicle. This form must be submitted to the State by the person exercising power of attorney. Providing a false statement may result in fines and/or imprisonment.

- Check this box if you are the representative of a company giving the attorney-in-fact permission to apply for a duplicate title(s) for all vehicles owned by the company.
- Check this box if you are the representative of a company giving the attorney-in-fact permission to apply for a duplicate title for a specific vehicle, then complete the vehicle information below.

**Individuals giving power of attorney must complete the vehicle information below. If more than one (1) vehicle, the power of attorney form must be completed for each vehicle.**

**VEHICLE INFORMATION**

Year	Make	Model	Body Type	Vehicle Identification Number
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STATE OF ARKANSAS )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby appoint \_\_\_\_\_  
 (Name) (Name of Attorney-in Fact)

\_\_\_\_\_  
 (Business or Title Service, if applicable)

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

as my attorney-in-fact, to sign my name to all applicable documentation relative to any duplicate title transactions for the vehicle described herein or pick up a title being held for the owner listed on the title.

The area below is to be completed by the party granting authority (Check one):

- Individual
- Business \_\_\_\_\_ (Business Name)

\_\_\_\_\_  
 (Signature of Individual or Business Owner) (Printed Name of Individual or Business Owner)

\_\_\_\_\_  
 (Physical Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
 (Telephone Number) (Email Address)

**TO BE COMPLETED BY NOTARY PUBLIC:**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, \_\_\_\_\_, the Affiant whose signature appears on this Power of Attorney for Motor Vehicle Transactions, personally appeared before me, a Notary Public. The Affiant deposes and acknowledges that the foregoing instrument was executed for the purpose therein contained. I have identified and verified that the Affiant is a legal resident of \_\_\_\_\_ County, Arkansas.

Please check the document(s) used for verification:

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License  | <input type="checkbox"/> Military ID           |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport              |
| <input type="checkbox"/> State Issued ID   | <input type="checkbox"/> Other (Specify) _____ |

\_\_\_\_\_  
 (Notary Public)  
 My Commission Expires: \_\_\_\_\_  
 Date: \_\_\_\_\_

NOTE: This document is void if any information is blank or any information entered hereon is erased or altered by any means. This Power of Attorney for Vehicle Transactions may be copied or reprinted as long as the original language and format are not altered.