



**POWER OF ATTORNEY**  
Motor Carrier and Tax Services

96-0441 R02/15 azdot.gov

|                       |                |                         |             |       |     |
|-----------------------|----------------|-------------------------|-------------|-------|-----|
| Company Name          |                | Doing Business As (DBA) |             |       |     |
| Physical Address      |                |                         | City        | State | Zip |
| Business Phone<br>( ) | Account Number |                         | Federal EIN |       |     |

The following agent is authorized to provide and receive information, and to perform any and all acts that I can perform as a registrant/taxpayer with respect to International Registration Plan and International Fuel Tax Account matters.

|                       |  |              |            |       |     |
|-----------------------|--|--------------|------------|-------|-----|
| Authorized Agent Name |  | Phone<br>( ) | Fax<br>( ) |       |     |
| Mailing Address       |  |              | City       | State | Zip |

This power of attorney authorizes the above named agent, for the calendar year \_\_\_\_\_, to:

1. Sign and file all registration, special fuel and motor fuel documents
2. Provide, receive and discuss information regarding the account indicated above
3. Be the Motor Vehicle Division (MVD) point of contact on my behalf

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

|  |       |
|--|-------|
| Authorized Registrant/Taxpayer Name      | Title |
| Authorized Registrant/Taxpayer Signature |       |

|                                   |        |                               |                    |
|-----------------------------------|--------|-------------------------------|--------------------|
| Acknowledged before me this date. |        | Notary or MVD Agent Signature |                    |
| Date                              | County | State                         | Commission Expires |