



**Motor Vehicle Division**

96-0457 R03/18 azdot.gov

**POWER OF ATTORNEY**  
Permanent/Allocated Perm Fleet/Transporter

Company/Individual Name		Doing Business As (DBA)			
Physical Address			City	State	Zip
Business Phone (     )	Fleet 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 with respect to Permanent Fleet/Allocated Permanent Fleet registration or for Transporter Certification.

Authorized Agent Name		Phone (     )	Email Address		
Mailing Address		City	State	Zip	

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

1. Sign and file all registration 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, of the responsibility to ensure that all license application and registration payments are filed and paid on time. Also, I understand that this authorization replaces any prior authorization filed with MVD.

Authorized Registrant Name	Title
Authorized Registrant Signature	

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