



**Division of Motor Vehicles  
Bureau of Motor Carrier Services  
POWER OF ATTORNEY  
and Declaration of Representative**

**PART 1 – POWER OF ATTORNEY**

**Section 1. Registrant/Licensee Information.** Registrant/Licensee(s) must sign and date this form. (See Page 2 Section 6)

Registrant/Licensee Name(s) and Address: _____ _____ _____ Contact Person: _____	Federal ID No.(s) (SSN, FEIN, etc): _____ _____ Telephone Number: _____	IRP Account Number: _____ IFTA Account Number: _____ Fax Number: _____
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Hereby appoints(s) the following representative(s) as attorney(s)-in-fact:

**Section 2. Representative(s).** Each representative must be listed individually, and must sign and date this form. (See Page 2 Part II)

Name and Address (Include name of firm if applicable): _____ _____ _____	Telephone Number: _____ Fax Number: _____ Email Address: _____
Name and Address (Include name of firm if applicable): _____ _____ _____	Telephone Number: _____ Fax Number: _____ Email Address: _____

To represent the Registrant/Licensee before the Florida Department of Highway Safety and Motor Vehicles related to the following International Registration Plan (IRP) & International Fuel Tax Agreement (IFTA) accounts.

**Section 3. Accounts**

<b>Account Numbers</b>	<b>Account Name</b>
IRP Acct. No. / Fleet No.(s):	
IFTA Acct. No.:	

**Section 4. Acts Authorized**

The representative(s) are authorized to receive and inspect confidential IRP/IFTA information and to perform any and all acts that I (we) can perform with respect to the accounts described in Section 3. Except as otherwise provided, the authority specifically includes the power to: file IRP and IFTA applications; receive IRP and IFTA credentials; file IFTA tax returns, including claims for refunds; represent the Registrant/Licensee in audit and/or collection matters; and execute consents for compromise and closing agreements. The authority does not include the power to endorse or cash warrants.

List any specific limitations or deletions to the acts otherwise authorized in the Power of Attorney.

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**Section 5. Retention/Nonrevocation of Prior Power(s) of Attorney**

The filing of this Power of Attorney will not revoke earlier Power(s) of Attorney on file with the Florida Department of Highway Safety and Motor Vehicles even for the same matters covered by this document.

If you want to revoke a prior Power of Attorney, check this box.....

**You must attach a copy of any Power of Attorney you wish to revoke.**

**Registrant/Licensee:** \_\_\_\_\_ **Federal Identification Number:** \_\_\_\_\_

**Section 6. Signature of Registrant/Licensee**

The Power of Attorney is not valid until it is signed and dated by the Registrant/Licensee. The individual signing the Power of Attorney is affirming that he or she is authorized to execute the Power of Attorney

- For a corporation, or any other entity: A corporation officer or person having authority to bind the entity must sign.
- For partnerships: All partners must sign unless one partner is authorized to act in the name of the partnership.
- For a sole proprietorship: The owner of the sole proprietorship must sign.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed, dated, and notarized it will be returned.

Signature	Date	Title (If applicable)
Print Name		
Signature	Date	Title (If applicable)
Print Name		

**NOTARY REQUIREMENT** (to be completed by Notary)  
 The above has been sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

Print, Type or Stamp Commissioned Name of Notary  _____	Signature of Notary  _____
SEAL	<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification Produced: _____

**PART II – DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am familiar with the requirements of the International Registration Plan and International Fuel Tax Agreement and the related provisions of Chapters 207 and 320 Florida Statutes.
- I am familiar with the facts related to these matters and am qualified to represent the Registrant/Licensee in this matter.
- I am authorized to represent the Registrant/Licensee identified in Part I for the matter(s) specified therein, and to receive and inspect confidential information related to the Accounts specified in Section 3.
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will not be processed.

Printed Name	Signature	Date