



# Vehicle Owner's Limited Power of Attorney

Registry of Motor Vehicles  
P.O. Box 55889 · Boston, MA 02205-5889

## Instructions

All sections of this Limited Power of Attorney (POA) Form must be completed in order for it to be valid. All signatures must be handwritten.  
**NOTE:** This POA can only be used to perform Massachusetts Registry of Motor Vehicles (RMV) transactions.

## Vehicle Owner(s) Complete all applicable fields legibly.

Owner 1 Name	First	Middle	Last	Driver License Number	State Issued
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Owner 1 Street Address	City	State	Zip Code
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Owner 2 Name	First	Middle	Last	Driver License Number	State Issued
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Owner 2 Street Address	City	State	Zip Code
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Company Name	Company FID
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Company Street Address	City	State	Zip Code
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Company Representative Name	Driver License Number	State Issued
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## Limited Power of Attorney Granted to

Full Legal Name	First	Middle	Last	Driver License Number	State Issued
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Street Address	City	State	Zip Code
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Agent for: Name and Address (if applicable)

## Vehicle Information

Model Year	Make	Model	Vehicle Identification Number (VIN)	Title Number	State Issued
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## Certification and Signature Complete applicable fields.

I/We, being the owner(s) of the motor vehicle described above hereby appoint the person herein named as my/our Power of Attorney to sign in my/our stead any Certificate of Title, or other supporting papers covering said motor vehicle, in whatever manner necessary to register and/or transfer ownership of said motor vehicle; and I/we do hereby grant unto said designated Power of Attorney full authority to perform all acts necessary to execute the powers expressly granted herein. I/We further certify under penalty of perjury that to the best of my/our knowledge, all information presented in this form, including any supporting documents, are true and correct, and that any documents I/We have presented are genuine.

This Limited Power of Attorney shall expire on the earlier of thirty (30) days from my/our signature, or when the vehicle's registration and/or title is processed at the RMV or by an authorized business partner.

Owner 1/ Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Named Agent or Attorney-in-Fact \_\_\_\_\_ Date \_\_\_\_\_

Witness 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness 1 Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Witness 2 Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_