RHODE ISLAND MOTOR VEHICLE POWER OF ATTORNEY

THIS DOCUMENT PRESENTS that, (Company Nam							
or	Individual)	with a mailing a	address of				
(P	rincipal) gr	ants to		, ,	with a mailing addres	ss of	
	(Agent) or its designated						
re	presentati	ve for an indefir	nite period	of time or u	ntil canceled in writi	ng, a limited	
pc	wer of atto	orney, to act on	its/his/her	behalf, with	h regard to all matte	rs pertaining	
to	the registe	ering, licensing,	transfer o	f ownership	, and/or titling of the	vehicle	
lis	ted below	with the applica	able motor	vehicle age	ency in the State of		
1	Year	Make	Model	Ctulo	Vin Number	Odometer	
	rear	Make	Model	Style	vin Number	Odometer	
lf t	this Power	of Attorney is i	n an <u>Indivi</u>	dual's Name	e, include the follow	ing:	
Da	ate of Birth	n:					
So	ocial Secur	rity Number:					
lf t	this Power	of Attorney is i	n a <u>Compa</u>	ny's Name	, include the followir	ng:	
Fe	ederal ID/E	IN Number:					
Pı	rincipal's S	Signature			Date:		

NOTARY ACKNOWLEDGMENT

STATE OF RHODE ISLAND)				
COUNTY OF) ss.				
Before me personally appeared	the above-named				
	, (Name or Officer or Individual) acting as principal				
for the above-mentioned vehicle	and duly acknowledged the foregoing instrument				
to be his/her free act and deed in	n his/her individual capacity or, if the				
representative of a company, ac	cknowledges that he or she is duly authorized to				
sign the foregoing instrument on behalf of the company.					
Notary Signature					
Print Name					
My Commission Expires:					
(Seal)					