



Restricted Power of Attorney To Sign For Vehicle Owner

When Registering and/or Transferring Ownership of a Motor Vehicle

VEHICLE OWNER(S):

Owner's Name: First	Middle	Last	Co-Owner's Name: First	Middle	Last
Owner's Street Address			Co-Owner's Street Address		
City	State	Zip Code	City	State	Zip Code

POWER OF ATTORNEY GRANTED TO:

Full Legal Name – First	Middle	Last
DIVERSIFIED TAG AND TITLE TSA 0491	ANDREW/MIRANDA STRONG	KYLIE BROWN/MARIA FINKELSHTEYN +
Street Address		
430-B E. PATRICK ST		
City	State	Zip Code
FREDERICK	MD	21701

VEHICLE INFORMATION

Vehicle Make	Body Type	Model Year	Vehicle Identification Number (VIN)	Title Number

I/We, being the owner(s) of the motor vehicle described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place, and 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 attorney-in-fact full authority and power to do and perform any and all other acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/We have presented are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/We understand that knowingly making a false statement or representation on this form is a criminal violation.

Owner's Signature	Date	Co-Owner's Signature	Date