

LIMITED POWER OF ATTORNEY VEHICLE AND WATERCRAFT TRANSACTIONS

State Form 1940 (R4 / 5-13) INDIANA BUREAU OF MOTOR VEHICLES

- 1. Complete in blue or black ink. If more than one customer's signature is required, each customer must complete their own Limited Power of Attorney section below. INSTRUCTIONS:
 - Individuals must enter their residential address; companies must enter their principal place of business.
 The Limited Power of Attorney form must be notarized to be valid.

 - 4. The Limited Power of Attorney designation is valid for ninety (90) days from the date of notarization.

I,	I,, residing/located at in t														in the			
county of		,	State of			,	do here	by appo	int									
as my attorney-in f	as my attorney-in fact for a period of ninety (90) days from the notary date. I authorize the attorney-in-fact to complete transactions involving															volving		
the certificate of tit	he certificate of title and/or registration for the vehicle / watercraft described below.																	
Vehicle or Hull Ident	1			1	1			1										
Make of Vehicle / Watercraft Year Title Number (if known)																		
Customer's Signature						Custo	Customer's Printed Name								Date (mm/dd/yyyy)			
NOTARY CERTIFICATE																		
STATE OF																		
COUNTY OF															(SEAL)			
Sworn to before me, a Notary Public, in and for said County, this										_day of					, 20)		
Signature of Notary Public							Printed or Typed Name of Notar				ry Public Date C			Commission Expires (mm/dd/yyyy)				
I,, residing/located at in the																		
I,, residing																		
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the certificate of title and/or registration for the vehicle / watercraft described below.																		
Vehicle or Hull Identification Number																		
Make of Vehicle / W	atercraf	t			Year		Title Nu	mber <i>(if ki</i>	nown)									
Customer's Signature							Customer's Printed Name							Date (mm/dd/yyyy)				
NOTARY CERTIFICATE																		
STATE (OF									_								
COUNT			- 55	5:			(SE	AL)										
Sworn to be	fore me	e, a Not	ary Publ	ic, in a	and fo	r said	County	, this		_day of					, 20)		
Signature of Notary	Public					Prin	ted or Ty	ped Nam	e of Nota	ry Public			Date Co	ommiss	ion Exp	ires (mm	/dd/yyyy)	