

POWER OF ATTORNEY (POA) AND DECLARATION BY AUTHORIZED AGENT

PART 1 – POWER OF ATTORNEY

Section 1. Registrant/Licensee

Print Name: _____

FEIN or SSN: _____

Telephone Number: (_____) _____

Email Address: _____

The name and FEIN or SSN entered on this POA must match the name and FEIN or SSN that is on the IRP and IFTA accounts referenced below:

IRP Account Number: _____

Customer ID Number: _____

Section 2. Authorized Agent (Representative)

Print Name: _____

Address: _____

This is an individual and the sole authorized agent who may represent me.

This is a motor carrier service provider company. I understand the Commission must be provided a complete list of all company employees who are authorized agents, with their printed names, actual signatures, photocopies of their driver licenses, and email addresses.

Agent's Main Telephone Number:

(_____) _____

Agent's Main Fax Number:

(_____) _____

Agent's Main Email Address:

Section 3. Acts Authorized by the Registrant/Licensee

A clear photocopy of the Registrant/Licensee's Driver License must be filed with this form

I authorize the representative described in Section 2 to receive and inspect confidential information and transact on my behalf with respect to both my International Registration Plan (IRP) and my International Fuel Tax Agreement (IFTA) accounts, which I have listed in Section 1. This authority specifically includes the power to fill out and submit IRP/IFTA transactional forms, receive IRP and IFTA credentials; and represent the Registrant/Licensee in audit and/or collection matters. **This authority does not include the power to endorse or cash warrants; execute consents for compromise and closing agreements that financially bind the Registrant/Licensee; or to sign applications requiring attestation from the Registrant/Licensee.** I also understand that filing this POA revokes all earlier POA(s) on file with the Commission. Under penalties of perjury, I affirm that I am authorized to execute this Power of Attorney and I declare that the information in the foregoing Sections 1 and 2 are true and correct.

Signature: _____ Title: _____ Date: _____

Registrant/Licensee/Sole Proprietor

A Corporate Officer of the Carrier Company

Partner in the Carrier Company

TO BE COMPLETED BY A 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

X _____

SEAL

Personally Known

Produced Identification

Type of Identification Produced: