



State of Delaware  
 Division of Motor Vehicles  
 303 Transportation Circle, Room 208  
 Dover, DE 19901  
 (302) 744-2500  
[www.deldot.gov/mfta](http://www.deldot.gov/mfta)

**POWER OF ATTORNEY**

Taxpayer Name		Federal Identification Number	
Mailing Address		Telephone Number	FAX Number
City, State, Zip			

- Individual     
  Partnership     
  Corporation     
  Limited Liability Company  
 Other \_\_\_\_\_

The taxpayer named above appoints the person(s) named below as his/her attorney(s) in fact:

Appointee Name			Appointee Name		
Appointee Business Name (If applicable)			Appointee Business Name (If applicable)		
Appointee Address (street and number)			Appointee Address (street and number)		
City	State	Zip	City	State	Zip
Telephone Number	Fax number		Telephone Number	Fax number	
Email Address			Email Address		
Signature			Signature		

As attorney-in-fact to represent the taxpayer(s) for the following tax or registration fee matters: [specify type (s) of tax]

- |   |  |
|---|--|
| <input type="checkbox"/> Fuel Excise Tax Law      | <input type="checkbox"/> International Registration Plan (IRP)   |
| <input type="checkbox"/> Dyed Fuel Law            | <input type="checkbox"/> International Fuel Tax Agreement (IFTA) |
| <input type="checkbox"/> Public Carrier Law       | <input type="checkbox"/> Uniform Commercial Registration (UCR)   |
| <input type="checkbox"/> Over/Size Overweight Law | <input type="checkbox"/> Heavy Vehicle Use Tax (Form 2290)       |

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information and to perform on behalf of the taxpayer(s) the following acts for the tax or fee matters described above: [check the box(es) for the powers granted]

- General Authorization (including all acts described below).  
 Specific Authorization (select acts described below).
  - Establish new accounts and update information accordingly.
  - Sign and file tax returns for all programs indicated above.
  - Register and renew vehicles.

Delaware DMV Power of Attorney

- Sign all papers and documents that may be necessary in order to transfer ownership of vehicles.
- To provide information as requested for the purpose of tax audit(s).
- To discuss relevant issues pertaining to tax audit(s).
- To receive correspondence from the Division of Motor Vehicles regarding my tax audit(s) and/or contested case(s).
- To enter into a written agreement extending the period of limitation during which the tax may be assessed, to accept a notification of the 60 day requirement to obtain records and/or certificates, and to accept a notification of sampling procedure.
- To provide representation and make oral and written presentations of fact or argument related to my contested case(s).

The Division of Motor Vehicles will send you and your representative listed a copy of any DMV generated notices as they become available.

- Check this box if you **do not** want the DMV to send copies of available computer generated notices to your first representative listed.

This power of attorney revokes all earlier Power(s) of Attorney on file with the Division of Motor Vehicles.

Unless limited, this Power of Attorney will remain in effect until the final resolution of all tax matters specified herein. Specify expiration date if limited term: \_\_\_\_\_

**Signature of Taxpayer(s)** – If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested.

*I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this power of attorney on behalf of the taxpayer.*

Signature	Title	Date
Print Name		Telephone Number
Signature	Title	Date
Print Name		Telephone Number

➤ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL AND NOTARIZED, IT WILL BE RETURNED AS INVALID.

Before me personally appeared \_\_\_\_\_ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

State of Delaware, \_\_\_\_\_ County