## Suggested Format for Power of Attorney Please cut and paste onto your official company letterhead and submit with Corpcode Request to the New Jersey Motor Vehicle Commission

Name of Company:		
Mailing Address:		<b></b>
City:	State: _	Zip:
Street Address if mailing ad	dress is a PO Box:	
Federal Taxpayer ID#: Business Description:	Phone #:	
Power of Attorney is being a [] Request corpcode		
Power of Attorney being ar	anted to:	
Power of Attorney being granted to:(Please print name)		name)
Relationship to Company:	(	/
	(Must be em	ployed by or hired by your company)
If you plan on titling and or r (may copy this section multiple tim	nes for multiple vehicles)	-
Vehicle type:	Make:	Model:
Year of vehicle:	VIN or Hull#:	
Insurance Co. Name:	Make: Model: VIN or Hull#: Policy #: Phone #:	
		n and that the person to whom Ily residing in the United States.
Print Name and Title of Con	npany Official authorizing P	Power of Attorney:
(Name)		(Title)
STOP: S	SIGN IN THE PRESENCE	OF A NOTARY
Company Official's Signatur	re:	Date:
-	(Must be same person	as stated directly above)
Driver License #:		
Note: A photocopy of the driv photocopy of the individu	er license of the company official al given the Power of Attorney m	l granting the Power of Attorney and a ust be attached to this document.
This space is reserved for N		