



Terry L. Rhodes  
Executive Director

2900 Apalachee Parkway  
Tallahassee, Florida 32399-0500  
www.flhsmv.gov

**POWER OF ATTORNEY**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby name and appoint William R. Graves, Chief of the Bureau of Motorist Compliance of the Florida Department of Highway Safety and Motor Vehicles, or his designee, to be my lawful attorney in fact, to act for me to redeem the Certificate of Deposit described below, and to sign my name and to do all things necessary to this appointment for the purpose of paying any judgment issued against me for damages due to the bodily injury or death of any person or for damages due to the injury to or destruction of property resulting from the use or operation of any motor vehicle after the date of the deposit.

\_\_\_\_\_  
Amount of Deposit

\_\_\_\_\_  
Name of Institution Holding Deposit

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Account Number of Depositor

\_\_\_\_\_  
Date of Deposit

\_\_\_\_\_  
Coverage Amount Provided per Occurrence

\_\_\_\_\_  
Payee

**NOTE:** Attach a copy of the Certificate of Deposit filed with the institution noted above.

\_\_\_\_\_  
Printed Name of Depositor

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Address of Depositor

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced identification.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Type of Identification Produced

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary