

# **Division of Motorist Services**

Bureau of Commercial Vehicle and Driver Services

# POWER OF ATTORNEY (POA) AND AFFIDAVIT OF AUTHORIZED AGENT

# PART 1 – POWER OF ATTORNEY

Section 1. Registrant/Licensee (Principal)

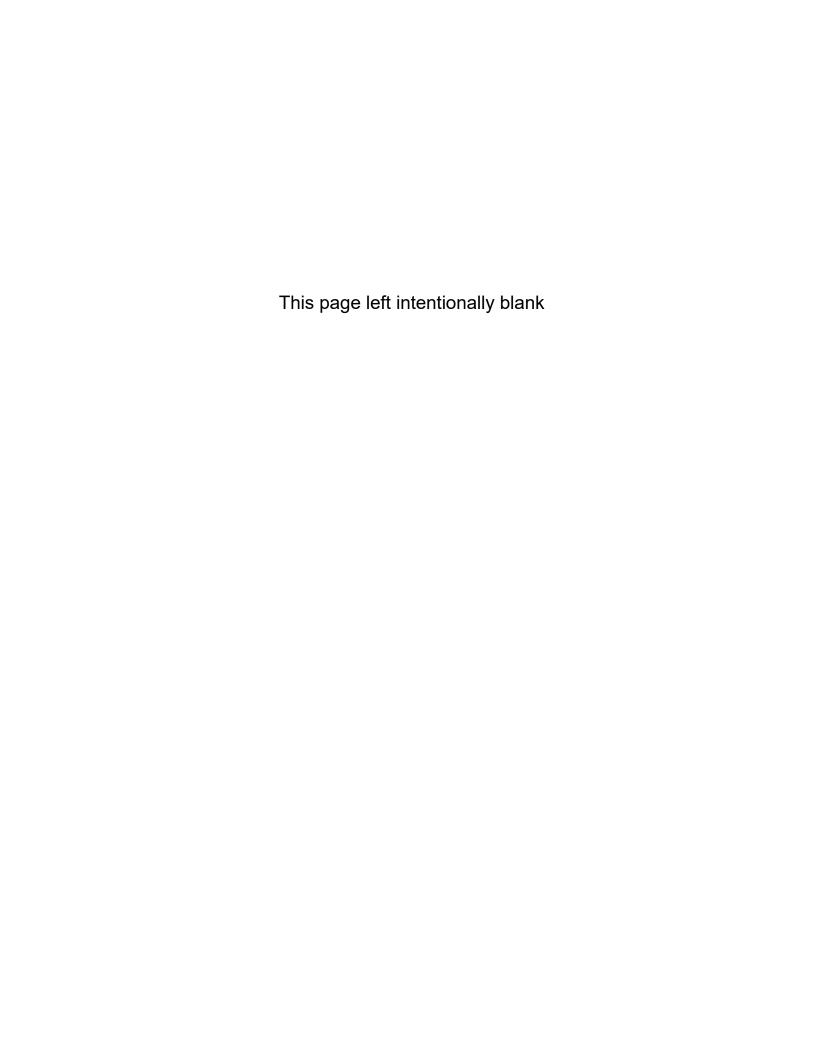
Florida based carriers with International Registration Plan (IRP) and/or International Fuel Tax Agreement (IFTA) accounts may authorize agents to perform transactions on their behalf by Power of Attorney (POA), using this form.

In accordance with Chapter 709, Florida Statutes, this form must be signed by the principal (the IRP registrant/IFTA licensee) in the presence of two witnesses and before a notary public. The Bureau of Commercial Vehicle and Driver Services will only accept the original, signed and notarized document (not a photocopy or other facsimile). By signing this POA, the IRP registrant/IFTA licensee expressly revokes any and all previously executed POAs on file with the Bureau, as provided in Section 709.2110, Florida Statutes.

FEIN:	the name and FEIN on the IRP and IFTA accounts	
Telephone Number:()	IRP Account Number:	
Email Address:	IFTA Account Number:	
Section 2. Authorized Agent(s)		
	below are my authorized representatives. NOTE: Only three all must be affiliated with the same Carrier Service Provider, if art II of this form:	
Print Name:	Contact Telephone: ()	
Email Address:		
Print Name:	Contact Telephone: ()	
Email Address:		
Print Name:	Contact Telephone: ()	
Email Address:		
Name of Carrier Service Provider that employs or con	ntracts with the agents listed above (if applicable):	
	Service Provider for all IRP/IFTA correspondence and credentials, must submit a Change of Address form (HSMV 85041).	

Name of Account:		FEIN:
Section 3. Acts Authorized by the Registran	t/Licensee (Prin	cipal)
<ol> <li>This authority applies specifically to the follow</li> </ol>	el Tax Agreemen ving: transactional for larterly Tax Return intholder, behalf of the acco	t (IFTA) accounts, which I have listed in Section ms on which the accountholder is not required as, ount holder, and
Under penalties of perjury, I affirm that I am authorized and 1 and 2 are		
Signature of Principal:	Title:	Date:
Printed Name of Principal:		
Signature of First Witness	 Signa	ature of Second Witness
Printed Name of First Witness	Printe	ed Name of Second Witness
TO BE COMPLETED BY A NOTARY:		
STATE OF FLORIDA		
Sworn to (or affirmed) and subscribed before me y	e this	day of,
(name of person making stateme	nt)	_ <del>_</del> ·
Signature of Notary Public - State of Florida)	(Print, Type,	or Stamp Commissioned Name of Notary Publi
Personally Known OR Produced dentification		
		tification Produced

Name of Account:	FEIN:
PART II – AFFIDAVIT OF AUTHORIZED AGE	NT
STATE OF FLORIDA COUNTY OF	
Before me, the undersigned authority, personally a who swore or affirmed that:	ppeared(Affiant)
Affiant is the agent named in the Power of Attention (insert date)	
	ralid and exercisable by Affiant. The principal is domiciled in
3. To the best of the Affiant's knowledge after di	ligent search and inquiry:
<ul> <li>The Principal is not deceased;</li> </ul>	
<ul> <li>Affiant's authority has not been suspende or to appoint a guardian or guardian advo</li> </ul>	ed by initiation of proceedings to determine incapacity ocate;
<ul> <li>Affiant's authority has not been terminate of Affiant's marriage to the principal, or th</li> </ul>	d by the filing of an action for dissolution or annulment eir legal separation; and
<ul> <li>There has been no revocation, partial or Affiant's authority.</li> </ul>	complete termination of the Power of Attorney or of
4. Affiant is acting within the scope of authority of	granted in the Power of Attorney.
5. Affiant is the successor to any predecessor aglionger qualified to serve, has declined to serve as	gent(s), who has resigned, died, become incapacitated, is no agent, or is otherwise unable to act, if applicable.
	nted by the Power of Attorney if Affiant attains knowledge rminated or suspended, or is no longer valid because of the .
(Signature of Affiant)	_
TO BE COMPLETED BY A NOTARY:	
Sworn to (or affirmed) and subscribed before me th by:	is day of,
(name of person making statement)	<u> </u>
(name of person making diatement)	
(Signature of Notary Public - State of Florida)	(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification	(Type of Identification Produced)



# INSTRUCTIONS FOR FORM HSMV 96440 (rev. 2/14/2020), POWER OF ATTORNEY

# **GENERAL INFORMATION**

- Only one POA form is needed per customer. It will apply to both the IRP & IFTA account.
- Only a natural person may be an authorized agent, as per Chapter 709, Florida Statutes.
   The customer may NOT designate a carrier services company but may designate a maximum of three individuals who work for the same carrier services company.
- By executing the POA, the customer delegates all authorized acts listed on Page 2 to all authorized agents designated on Page 1, who shall have equal authorized agent status.
- At least one designation should be given to an individual who may need to interact in person with an IRP walk in office on behalf of the customer, even for courier purposes.
- The customer's Account Name and the FEIN must be on EVERY page of the POA.
- The Bureau only accepts the **original**, **signed**, **and notarized** POA form. Submit the POA in person to an IRP walk in office or mail to the Bureau of Commercial Vehicle and Driver Services, 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399-0626.
- Part I and Part II of the form may be completed separately but must be submitted together or the POA form will not be accepted and will have to be re-submitted in full.
- When an updated POA is submitted, any and all previously submitted POAs are voided.

### PART I – POWER OF ATTORNEY

- Section 1: The customer who holds the IRP or IFTA account (IRP registrant and/or IFTA licensee) is the "principal". Make sure all customer information in Section 1 is accurate.
- Section 2: The designation of just one individual is all that is required. If more than one agent is listed, they should all be affiliated with the same carrier services company and that carrier services company's name and business mailing address should be provided.
- Section 3: Fill in Name of Account and FEIN on top of the page. The customer (either the registrant/licensee or the appropriate corporate officer of the customer's company) must sign the POA in the presence of: two witnesses AND a public notary (the notary may serve as one of the witnesses). The notary should print the name of the signing customer (principal) on the line for "Name of Person Making Statement". The notary may be an employee of the carrier services company but cannot be a corporate officer or owner/co-owner of the carrier services company, nor an agent designated in Section 2 of the same POA form.

### PART II – AFFIDAVIT(S) OF AUTHORIZED AGENT(S)

- Fill in Name of Account and FEIN on the top of every affidavit that is completed.
- Each authorized agent is an "affiant" and must sign Part II (on the line following the 6<sup>th</sup> statement). Make additional copies of Part II (page 3 of the POA form) as needed.
- The signature of each authorized agent must be notarized. The notary should print the name of the signing agent on the line for "Name of Person Making Statement".