



**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**

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.

**Section 1. Registrant/Licensee (Principal)**

|   |  |
|---|--|
| Account Name: _____<br>FEIN: _____<br>Telephone Number: (_____) _____<br>Email Address: _____ | The name and FEIN entered on this POA must match the name and FEIN on the IRP and IFTA accounts referenced below:<br><br>IRP Account Number: _____<br>IFTA Account Number: _____ |
|---|--|

**Section 2. Authorized Agent(s)**

The individual or individuals (natural persons) named below are my authorized representatives. NOTE: Only three authorized agents may be designated at a time and all must be affiliated with the same Carrier Service Provider, if applicable. Each authorized agent must complete Part II of this form:

|  |                                  |
|--|----------------------------------|
| Print Name: _____<br>Email Address: _____  | Contact Telephone: (_____) _____ |
| Print Name: _____<br>Email Address: _____  | Contact Telephone: (_____) _____ |
| Print Name: _____<br>Email Address: _____  | Contact Telephone: (_____) _____ |
| Name of Carrier Service Provider that employs or contracts with the agents listed above (if applicable):<br>_____  |                                  |
| <p><b>Note: To designate the mailing address of the Carrier Service Provider for all IRP/IFTA correspondence and credentials, registrants/licensees or one of their authorized agents must submit a Change of Address form (HSMV 85041).</b></p> |                                  |

Name of Account: \_\_\_\_\_

FEIN: \_\_\_\_\_

**Section 3. Acts Authorized by the Registrant/Licensee (Principal)**

I authorize the agent(s) named in Section 2 to 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 applies specifically to the following:

- Completion and submission of IRP/IFTA transactional forms on which the accountholder is not required to sign an attestation,
- Completion and submission of IFTA Quarterly Tax Returns,
- Making payments on behalf of the accountholder,
- Receiving IRP and IFTA credentials on behalf of the account holder, and
- Representing the accountholder in audit and/or collection matters.

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 of Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Principal: \_\_\_\_\_

- Registrant/Licensee/Sole Proprietor  Corporate Officer of Carrier Company holding account **(WITH SUNBIZ REGISTRATION)**  Partner in Carrier Company holding account **(WITH SUNBIZ REGISTRATION AND AUTHORITY TO ACT ON BEHALF OF PARTNERSHIP)**

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
Signature of Second Witness

\_\_\_\_\_  
Printed Name of First Witness

\_\_\_\_\_  
Printed Name of Second Witness

**TO BE COMPLETED BY A NOTARY:**

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(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

Name of Account: \_\_\_\_\_

FEIN: \_\_\_\_\_

**PART II – AFFIDAVIT OF AUTHORIZED AGENT**

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

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
who swore or affirmed that: (Affiant)

1. Affiant is the agent named in the Power of Attorney executed by \_\_\_\_\_  
on (insert date) \_\_\_\_\_. (Principal)

2. This Power of Attorney is currently genuine, valid and exercisable by Affiant. The principal is domiciled in  
\_\_\_\_\_ (insert state, territory, or foreign country).

3. To the best of the Affiant’s knowledge after diligent search and inquiry:
- The Principal is not deceased;
  - Affiant’s authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate;
  - Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
  - There has been no revocation, partial or complete termination of the Power of Attorney or of Affiant’s authority.

4. Affiant is acting within the scope of authority granted in the Power of Attorney.

5. Affiant is the successor to any predecessor agent(s), who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.

6. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

\_\_\_\_\_  
(Signature of Affiant)

**TO BE COMPLETED BY A NOTARY:**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_,  
by:

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(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)

This page left intentionally blank

# 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 three individuals**: two witnesses AND a public notary. 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”.