



MOTOR CARRIER DIVISION
 555 Wright Way
 Carson City, NV 89711
 (775) 684-4711
mctlc@dmv.nv.gov
dmv.nv.gov

POWER OF ATTORNEY (POA)
 Registration / Tax Year 20_____

Please Note: You must complete this form if anyone other than yourself will be acting on your behalf.

Motor Carrier Account Number: _____ FEIN:

--	--	--	--	--	--	--	--	--	--

Full Legal Name: _____

Doing Business As: _____

Address: _____
Street or P.O. Box City State Zip Code

Telephone: _____ Fax: _____

The following agent is authorized to provide and receive information and to perform any, and all, acts that I can perform as the registrant/taxpayer with respect to any Nevada Motor Carrier Division matters.

I would like all correspondence to be sent to:
 IFTA Fuel Tax: _____ Registration Agent: _____ MC45: _____

Authorized Agent: _____

Address: _____
Street or P.O. Box City State Zip Code

Telephone: _____ Fax: _____

This Power of Attorney authorizes the above-named agent to:

1. Sign and file all registration documents, special fuel, motor fuel documents, and tax forms.
2. Provide, receive, and discuss information regarding the above account.

Please Note: The carrier is responsible for notifying the Department when this POA is no longer valid.

I hereby certify the Nevada Department of Motor Vehicles, Motor Carrier Division is authorized to release to the above-named authorized agent any, and all, information in their files with respect to any matters regarding the above account. I relieve the Department and their representatives of any liability related to the release of such information to the above-named authorized agent. I understand this authorization does not absolve me, as the registrant/taxpayer, of the responsibility to ensure that all tax returns, taxes, and registration payments are filed and paid on time. Also, I understand this authorization replaces any prior authorization filed with the Department.

Signatures must be original. Photocopies are not acceptable.

 Authorized Registrant/Taxpayer Signature (Required) Date (Required)

 Printed Full Legal Name and Title (Required) Date (Required)

 Signature of Notary **or** Authorized DMV Representative (Required) Date (Required)