



**STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
www.dmv.de.gov**

POWER OF ATTORNEY TO CONDUCT MOTOR VEHICLE BUSINESS

To the Delaware Division of Motor Vehicles and to whom it may concern:

I, _____ the undersigned of
 _____ (address), City of
 _____, County of _____, State of
 _____, appoint _____, of
 _____ (address), City of _____,

County of _____, State of _____, as my attorney
 in fact to sign all papers and documents that may be necessary in order to conduct
 motor vehicle business for the following described vehicle:

_____	_____	_____
Make of Vehicle	Model Year	Vehicle Identification Number

I agree to indemnify and hold harmless the State of Delaware and all public officials
 from the Delaware Division of Motor Vehicles from any and all liability that may accrue
 from motor vehicle work for the so described vehicle.

 Date

 Signature of Owner

 Signature of Co-Owner

State of Delaware

_____ County

Be it remembered that on this _____ day of _____, A.D. _____,
 the Subscriber personally came before me.

 Notary Public