



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: _____ FEIN: _____ Telephone Number: (_____) _____ Email Address: _____	The name and FEIN entered on this POA must match the name and FEIN on the IRP and IFTA accounts referenced below: IRP Account Number: _____ IFTA Account Number: _____
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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: _____ Email Address: _____	Contact Telephone: (_____) _____
Print Name: _____ Email Address: _____	Contact Telephone: (_____) _____
Print Name: _____ Email Address: _____	Contact Telephone: (_____) _____
Name of Carrier Service Provider that employs or contracts with the agents listed above (if applicable): _____	
<p>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).</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)