



# LIMITED POWER OF ATTORNEY VEHICLE AND WATERCRAFT TRANSACTIONS

State Form 1940 (R4 / 5-13)  
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink. If more than one customer's signature is required, each customer must complete their own Limited Power of Attorney section below.
  2. Individuals must enter their residential address; companies must enter their principal place of business.
  3. The Limited Power of Attorney form must be notarized to be valid.
  4. The Limited Power of Attorney designation is valid for ninety (90) days from the date of notarization.

I, \_\_\_\_\_, residing/located at \_\_\_\_\_ in the county of \_\_\_\_\_, State of \_\_\_\_\_, do hereby appoint \_\_\_\_\_ as my attorney-in fact for a period of ninety (90) days from the notary date. I authorize the attorney-in-fact to complete transactions involving the certificate of title and/or registration for the vehicle / watercraft described below.

|  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
|--|--|--|--|--|--|--|--|-------------------------|--|--------------------------------------|--|--|
| Vehicle or Hull Identification Number  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
|  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Make of Vehicle / Watercraft   |  |  |  |  |  | Year                                   |  | Title Number (if known) |  |                                      |  |  |
| Customer's Signature   |  |  |  |  |  | Customer's Printed Name                |  |                         |  | Date (mm/dd/yyyy)                    |  |  |
| <b>NOTARY CERTIFICATE</b>  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| STATE OF _____   |  |  |  |  |  | SS:                                    |  | (SEAL)                  |  |                                      |  |  |
| COUNTY OF _____  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Sworn to before me, a Notary Public, in and for said County, this _____ day of _____, 20_____. |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Signature of Notary Public   |  |  |  |  |  | Printed or Typed Name of Notary Public |  |                         |  | Date Commission Expires (mm/dd/yyyy) |  |  |

I, \_\_\_\_\_, residing/located at \_\_\_\_\_ in the county of \_\_\_\_\_, State of \_\_\_\_\_, do hereby appoint \_\_\_\_\_ as my attorney-in fact for a period of ninety (90) days from the notary date. I authorize the attorney-in-fact to complete transactions involving the certificate of title and/or registration for the vehicle / watercraft described below.

|  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
|--|--|--|--|--|--|--|--|-------------------------|--|--------------------------------------|--|--|
| Vehicle or Hull Identification Number  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
|  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Make of Vehicle / Watercraft   |  |  |  |  |  | Year                                   |  | Title Number (if known) |  |                                      |  |  |
| Customer's Signature   |  |  |  |  |  | Customer's Printed Name                |  |                         |  | Date (mm/dd/yyyy)                    |  |  |
| <b>NOTARY CERTIFICATE</b>  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| STATE OF _____   |  |  |  |  |  | SS:                                    |  | (SEAL)                  |  |                                      |  |  |
| COUNTY OF _____  |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Sworn to before me, a Notary Public, in and for said County, this _____ day of _____, 20_____. |  |  |  |  |  |  |  |                         |  |                                      |  |  |
| Signature of Notary Public   |  |  |  |  |  | Printed or Typed Name of Notary Public |  |                         |  | Date Commission Expires (mm/dd/yyyy) |  |  |