Suggested Format for Power of Attorney
Please cut and paste onto your official company letterhead and submit with
Corpcode Request to the New Jersey Motor Vehicle Commission

Name of Company:			
Mailing Address:			
City:	State:Zip:		
Street Address if mailing ad	ddress is a PO Box:		
Federal Taxpaver ID#:	Phone #:		
Business Description:			
D (A)			
Power of Attorney is being			
[] Request corpcode	[] Title verilcle	[] Register vehicle	
Power of Attorney being gra	anted to:		
(Please print name)		int name)	
Relationship to Company:			
	(Must be	employed by or hired by your company)	
If you plan on titling and or (may copy this section multiple tir		e provide the following:	
Vehicle type:	Make:	Model:	
Year of vehicle:	VIN or Hull#:		
Vehicle type: Make: Model: Year of vehicle: VIN or Hull#: Policy #: Insurance Co. Name: Phone #:			
		Phone #:	
I hereby certify to the accuracy of the above information and that the person to whom Power of Attorney is being granted and I are both legally residing in the United States.			
Print Name and Title of Cor	mpany Official authorizinເ	g Power of Attorney:	
(Name)		(Title)	
STOD:	SIGN IN THE PRESENC	F OF A NOTARY	
Company Official's Signature: Date:			
Driver License #:		State of Issuance:	
Note: A photocopy of the driver license of the company official granting the Power of Attorney and a photocopy of the individual given the Power of Attorney must be attached to this document.			

This space is reserved for Notary Only: