

**POWER OF ATTORNEY**

**LICENSEES NAME & ADDRESS**

Licensee's Legal Name _____	Business (DBA) Name _____
Street Address _____	Mailing Address (if different than street address) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

IRP/IFTA Carrier Number: \_\_\_\_\_

**ATTORNEY(S)-IN-FACT NAME AND ADDRESS  
 (If more than two, see Designation of Attorney-in Fact in the instructions.)**

Name _____	Name _____
Title or Firm Name _____	Title or Firm Name _____
Address (Street or Other Mailing Address) _____	Address (Street or Other Mailing Address) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Email Address _____ Phone Number _____	Email Address _____ Phone Number _____

The licensee hereby appoints the above named individual(s) or firm as the attorney(s)-in-fact for purposes of duly authorized representation in proceedings with the Nebraska Department of Motor Vehicles (NEDMV) with respect to the NEDMV matters and time periods indicated below:

Motor Vehicles Matter of Representation	Time Period

Authorized Acts. The attorney(s)-in-fact designated on this form have the authority to perform the following acts with respect to the designated NEDMV-Motor Carrier Services matters. Please mark the appropriate box. The attorney(s)-in-fact may not do any other acts unless otherwise marked or specifically noted on the POA:

- Fully represent the licensee in any hearing, determination, or appeal.
- Enter into any agreements, compromises, stipulations, or settlements on behalf of the licensee with the NEDMV.
- Execute waivers, including offers of waivers of collection of taxes or fee deficiencies.
- Fully represent the licensee in all matters regarding an IRP, IFTA, or UCR audit.
- Execute consents extending the statutory period for assessment or collection of taxes, registration fees, or for issuing a notice of deficiency determination.
- Receive all notices, billings, tax returns, or any other correspondence from the NEDMV that may include confidential information or information covered under the Uniform Motor Vehicle Records Disclosure Act (UMVRDA).
- Perform other acts, specifically: \_\_\_\_\_

If signed by a corporate officer, partner, member, LLC manager, or fiduciary on behalf of the licensee, I hereby certify that I have the authority to execute this Power of Attorney on behalf of the licensee:

**Sign Here**

Signature _____	Date _____
Print Name _____	E-mail Address _____
	Title, if applicable _____