



STATE OF RHODE ISLAND  
**DIVISION OF MOTOR VEHICLES**  
 600 New London Avenue  
 Cranston, RI 02920-3024  
 www.dmv.ri.gov

## LIMITED POWER OF ATTORNEY FOR RHODE ISLAND VEHICLE REGISTRATION

### Instructions

All sections of this Limited Power of Attorney (POA) Form must be completed to be valid. All sections must be handwritten or typed. Copy of photo IDs for Grantor(s) and Grantee required. **NOTE: This POA cannot be used in a dealer transaction to complete a title assignment on a motor vehicle subject to federal odometer disclosure.** In compliance with federal law, the secure *Power of Attorney to Disclose Mileage* (Form MVT-10) must be used when use of a power of attorney is permitted by the applicable regulations for a vehicle subject to federal odometer disclosure.

### Vehicle Owner(s) Complete all applicable fields legibly.

Owner 1 First Name	Middle	Last	Driver License Number	State Issued
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Owner 1 Street Address	City	State	Zip Code
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Owner 2 First Name	Middle	Last	Driver License Number	State Issued
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Owner 2 Street Address	City	State	Zip Code
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### Limited Power of Attorney Granted to: Legal name required.

First Name	Middle	Last	Driver License Number	State Issued
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Dealership Name and Address (if applicable)

### Vehicle Information

Year	Make	Model	Cyl.	Vehicle Identification Number (VIN)	Title Number	Mileage	State Issued

### Liability Insurance Information

Company Name	Policy Number	Effective Dates (TO and FROM)
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### Certification and Signature Complete applicable fields.

I/We, being the owner(s) of the motor vehicle described above hereby appoint the person herein named as my/our Power of Attorney to sign in my/our stead and to execute any application or other written document that is required to be filed with the RI DMV in connection with the registration of the vehicle described above; and I/we do hereby grant unto said designated Power of Attorney full authority to perform all acts necessary to execute the powers expressly granted herein. I/We further certify under penalty of perjury that to the best of my/our knowledge, all information presented in this form, including any supporting documents, are true and correct, and that any documents I/we have presented are genuine.

This Limited Power of Attorney shall expire when the vehicle's registration and/or title is processed at the RI DMV, by an authorized business partner or thirty (30) days from my/our signature, whichever comes first.

**OWNER(S) SIGNATURE(S) MUST BE NOTARIZED – NOTARY STAMP MUST BE INK AND NOT ONLY EMBOSSED**

OWNER'S SIGNATURE	DATE	SECOND OWNER'S SIGNATURE	DATE
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NOTARY PUBLIC SIGNATURE	DATE	NOTARY PUBLIC PRINTED NAME	DATE
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 COMMISSION EXPIRATION DATE (MANDATORY)

OFFICIAL SEAL HERE

SIGNATURES MUST BE ORIGINALS. PHOTOCOPIES/FAX COPIES ARE NOT ACCEPTABLE.  
 ALTERATIONS/ERASURES WILL VOID THIS FORM.