**TENNESSEE DEPARTMENT OF REVENUE**
Motor Carrier Power of Attorney

**PURPOSE:** : To appoint an individual or entity to manage vehicle transactions on the behalf of another individual.

**INSTRUCTIONS:** Please follow instruction and complete form accordingly. Please mail this form to: Tennessee Department of Revenue, Vehicle Services Division, Motor Carrier Section, 500 Deaderick Street Nashville, Tennessee 37242.

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**A. TAXPAYER INFORMATION (Taxpayer must sign and date this form in section D.):**

Power of Attorney (please print): _____

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Account Number(s): _____

hereby appoints the following representative as attorney-in-fact:

**B. REPRESENTATIVE (Representative must sign and date this form on page 2, Section E.):**

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

to represent the taxpayer before the Tennessee Department of Revenue for the following tax matters:

**C. TAX MATTERS:**

| Type of Tax (Sales and Use, Franchise, Excise, etc.) | Year(s) or Period(s) |
|---|---|
| | |

**Acts Authorized**: The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents.  The authority does not include the power to receive refund checks.

**Notices and Communication:** Notices and other written communications will be sent to the first representative listed in line 2.

**D. Signature of Taxpayer**.- If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on befalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

_____     _____     _____
**Signature**                                     **Date**                     **Title (if applicable)**

_____
**Print Name**

**E. Declaration of Representative:**

Under penalties of perjury, I declare that:

• I authorized to represent the taxpayer(s) identified in section A for the tax matter(s) specified there;
• I am one of the following:

    a. Attorney or Certified Public Accountant

    b. Officer or full-time employee taxpayer organization

    c. Other: _____

➤ **If this declaration of representative is not signed and dated, the power of attorney will be returned.**

| Designation -- Insert above letter (a-c) | Jurisdiction (state) | Signature | Date |
|---|---|---|---|
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