



Oregon Department of Transportation  
 Motor Carrier Transportation Division  
 550 Capitol ST NE  
 Salem OR 97301-2530  
 Phone: 503-378-6699  
 Fax: 503-378-6880

# POWER OF ATTORNEY

**INSTRUCTIONS :** 1) Provide ALL information and check the applicable boxes. 2) Form must be signed by the Owner, a Partner in a Partnership or Limited Liability Partnership; a Corporate Officer, a Manager or Member of a Limited Liability Company (LLC) **and** the Power of Attorney. 3) The motor carrier business location address is required.

MOTOR CARRIER NAME					
MCTD ACCOUNT NUMBER			ATTORNEY-IN-FACT BUSINESS NAME		
LOCATION ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
SIGNATURE OF MOTOR CARRIER BINDING THIS AGREEMENT			SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT		
PRINTED NAME OF SIGNATURE ABOVE			PRINTED NAME OF SIGNATURE ABOVE		
TITLE	Owner	Partner of Partnership or LLP	TITLE OF ATTORNEY-IN-FACT		
	Corporate Officer	Manager or Member/LLC			
DATE	TELEPHONE NUMBER		DATE	TELEPHONE NUMBER	

This Power of Attorney will be in effect beginning \_\_\_\_\_ and continues until canceled.

The Motor Carrier listed above does hereby designate and appoint the Power of Attorney listed above to act as Attorney-in-Fact for the following purposes (check applicable provisions):

- a) To obtain, complete, and submit application for Motor Carrier Account including application and fees for Oregon Authority. To initiate closure of the account for the Motor Carrier.
- b) To obtain, complete, and submit application for Oregon Weight Receipt and Tax Identifiers (Receipts), to obtain temporary tax credentials and/or Over-Dimensional/Weight permits. To have the ability to cancel receipts.
- c) To prepare, sign and submit documents and checks that may be necessary for filing highway use tax reports.
- d) Sign highway use tax bonds.
- e) To obtain, complete, and submit application and fees for International Registration Plan (IRP) and International Fuels Tax Agreement (IFTA) License and decals. To obtain, complete, and submit application and fees for Registration of vehicles operating in Oregon only. To have the ability to cancel IFTA and Oregon based Registration.
- f) Change motor carrier address and/or telephone number. All correspondence, plates and Receipts may be mailed to:

ADDRESS	CITY	STATE	ZIP
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g) Specify Other: \_\_\_\_\_

This Power of Attorney cancels all other Power of Attorney agreements for this MCTD Account.

<b>TO CANCEL THIS POWER OF ATTORNEY, COMPLETE THE INFORMATION BELOW AND SEND A COPY TO ODOT/MCTD.</b>					
THIS POWER OF ATTORNEY IS CANCELED ON: DATE _____					
SIGNATURE			PRINTED NAME OF SIGNATURE		
TITLE	Owner	Partner (Partnership or LLP)	Corporate Officer	LLC Manager or Member	Power of Attorney