TITLE SERVICE NAME

LIMITED POWER OF ATTORNEY
IRP Accounts

Business Name:_____

FEIN (or SSN/ITIN if sole proprietor):_____

1. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the forgoing statements are true and hereby release TITLE SERVICE NAME from any liability arising from any misstatement of fact contained herein.

2. I understand that TITLE SERVICE NAME is not the Maryland Motor Vehicle Administration (MVA), but is licensed by the MVA to conduct certain vehicle transactions - and will charge a fee for this service.

3. I do hereby grant TITLE SERVICE NAME and its representatives power of attorney to act on my behalf to complete, sign, and submit applications for titles, registrations, license plates, and/or any other MVA documents. I hereby authorize TITLE SERVICE NAME to conduct transactions on our behalf with MVA in person, via telephone, via mail, and via the MDOT MVA Business Portal.

Choose ONE OPTION: _____ I hereby authorize TITLE SERVICE NAME to set up and administer the MDOT MVA Business Portal associated with this IRP Account

_____ I already have an MDOT MVA Business Portal for this IRP account and will grant TITLE SERVICE NAME Third Party Access

_____
Printed Name/Job Title of Authorized Representative

_____ _____
Signature of Authorized Representative Date