



POWER OF ATTORNEY

FUELS TAX GROUP
550 CAPITOL ST NE
SALEM, OR 97301-2530
TELE: (503) 378-8150
TOLLFREE: (888) 753-2525
FAX: (503) 378-3060
www.oregon.gov/odot/cs/ftg

INSTRUCTIONS: 1) PROVIDE ALL INFORMATION AND CHECK APPLICABLE BOXES. 2) FORM **MUST** BE SIGNED BY THE OWNER, PARTNER, OR CORPORATE OFFICER. 3) THE BUSINESS ADDRESS IS **REQUIRED**.

Entity Name (Principal): _____ License Number: _____

Office: _____
(ADDRESS)

does hereby designate and appoint _____
(POWER OF ATTORNEY NAME)

with offices at _____
(POWER OF ATTORNEY ADDRESS) _____
(POWER OF ATTORNEY TELEPHONE)

to act as Attorney-in-Fact in business transactions between the Principal and the State of Oregon, Fuels Tax Group for the following limited and special purposes (initial applicable provisions):

____ (a) To prepare, sign, submit application forms and resolve issues relating to fuel tax licensing.
 Exceptions: _____

____ (b) To prepare, sign, submit and resolve issues relating to fuel tax reporting.
 Exceptions: _____

____ (c) To prepare, sign, submit and resolve issues relating to performance bonds.
 Exceptions: _____

____ (d) To prepare, sign, submit and resolve issues relating to vehicle emblems.
 Exceptions: _____

____ (e) To correspond regarding fuels tax accounting and audit issues.
 Exceptions: _____

This Power of Attorney will be in effect beginning _____ and continue until canceled in writing submitted to the State of Oregon, Fuels Tax Group.

BUSINESS NAME		ATTORNEY-IN-FACT NAME	
SIGNATURE (MUST BE LEGAL SIGNER)		SIGNATURE	
PRINTED NAME OF SIGNATURE ABOVE		PRINTED NAME OF SIGNATURE ABOVE	
TITLE OF GRANTOR		TITLE OF ATTORNEY-IN-FACT	
DATE	TELEPHONE NUMBER	DATE	TELEPHONE NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	



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STATE OF _____

COUNTY OF _____

This instrument was signed before me on _____, _____,

By _____

Notary Public – State of _____

WHEN THIS POWER OF ATTORNEY IS CANCELED, COMPLETE THE INFORMATION BELOW AND SEND A COPY TO THE ODOT FUELS TAX GROUP. CANCELLATION OF THE POWER OF ATTORNEY DOES NOT ACT TO REVOKE ANY AUTHORITY OF AGENT TO ACT ON BEHALF OF PRINCIPAL PRIOR TO THE DATE OF CANCELLATION.

Power of Attorney canceled on (date): _____ Signed: _____