



POWER OF ATTORNEY

Oregon Department of Transportation
Fuels Tax Group-MS21
 355 Capitol St. NE
 Salem, OR 97301
 (503) 378-8150 or (888) 753-2525
 FAX: (503) 378-3060
<http://fuelstax.oregon.gov>
ODOTFuelsTax@odot.state.or.us

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: PHONE:

(POWER OF ATTORNEY ADDRESS)

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, and 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 |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------------------|----------------------|
| SIGNATURE (MUST BE LEGAL SIGNER) | SIGNATURE |
| <input type="text"/> | <input type="text"/> |

| | |
|------------------------|------------------------|
| PRINTED NAME OF SIGNER | PRINTED NAME OF SIGNER |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|---------------------------|
| TITLE OF GRANTOR | TITLE OF ATTORNEY-IN-FACT |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| DATE | PHONE | DATE | PHONE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|------------------------------|------------------------------|
| E-MAIL: <input type="text"/> | E-MAIL: <input type="text"/> |
|------------------------------|------------------------------|