

POWER OF ATTORNEY - VESSEL

This form is used to assign power of attorney for vessels, and request paper title.

VESSEL INFORMATION THIS VESSEL IS: <input type="checkbox"/> New <input type="checkbox"/> Used													
GA REGISTRATION NUMBER (EX. GA1234ZZ)						EXPIRATION DATE				BOAT MANUFACTURER			YEAR BUILT
GA						M	D	Y					
VESSEL OWNER(S) OF RECORD <input type="checkbox"/> Individual <input type="checkbox"/> Business													
LAST				FIRST				MI	DRIVERS LICENSE #			DL State	
BUSINESS NAME (only if business registration - place contact person above)						FEIN if a business			DATE OF BIRTH				
									M	D	Y		
STREET or PO BOX						CITY			STATE		ZIP		
CO-OWNER(S):													
LAST NAME				FIRST NAME				MI	DATE OF BIRTH				
									M	D	Y		
									M	D	Y		
VESSEL OWNER ASSIGNMENT OF POWER OF ATTORNEY													
<p>The listed owner(s) below authorize the Power of Attorney on this form to apply for an original or replacement certificate of title, to transfer title of listed vessel, and to perform on my/our behalf any act or thing whatsoever concerning such vessel in every aspect as I/we could do were I/we present. This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the Department of Natural Resources, but in no event shall this power-of-attorney be valid beyond twelve (12) months from the date of its execution.</p> <p><i>O.C.G.A. 16-10-20: A person who knowingly and willingly makes a false, fictitious or fraudulent statement...in any matter within the jurisdiction of any department or agency of state government...shall, upon conviction thereof, be punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both.</i></p>													
Vessel Owners Full Legal Name(s)						Signature(s)						Date	
_____						_____						_____	
_____						_____						_____	
_____						_____						_____	
Sworn to and subscribed before me this _____ day of _____, _____ Affix Notary Seal Here													
Signature of Notary: _____													
My commission expires: ____/____/____													
POWER OF ATTORNEY													
POWER OF ATTORNEY NAME						POWER OF ATTORNEY COMPANY							
ADDRESS						CITY			STATE		ZIP		
<input type="checkbox"/> REQUEST PAPER TITLE - \$10 Allow two weeks for processing. Will be mailed to POA address above.													
<input type="checkbox"/> Check # _____ (make out to GA Dept. of Natural Resources); or													
<input type="checkbox"/> If paying by Credit Card, enter phone #, and we will call for card info: (_____) _____ - _____													
Credit Card Signature: _____													
Mail Form to: GADNR, PO Box 934943, Atlanta, GA 31193-4943 or call 1-800-366-2662													