

# 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																				
HULL IDENTIFICATION NUMBER (AFTER 1972, 12 OR 14 CHAR.)														BOAT LENGTH					ENGINE DRIVE TYPE (check one)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	_____ FEET _____ INCHES					<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Stern Drive <input type="checkbox"/> Pod Drive <input type="checkbox"/> Other Motor <input type="checkbox"/> No Motor															
OUTBOARD MOTOR(S) OVER 25 HP																																		
Serial # _____ Make _____ HP _____										Serial # _____ Make _____ HP _____																								
Serial # _____ Make _____ HP _____										Serial # _____ Make _____ HP _____																								
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 _____, _____ <span style="float: right;">Affix Notary Seal Here</span> Signature of Notary: _____ My commission expires: ____/____/____																																		
POWER OF ATTORNEY																																		
POWER OF ATTORNEY NAME															POWER OF ATTORNEY COMPANY																			
ADDRESS															CITY										STATE					ZIP				
<input type="checkbox"/> <b>REQUEST PAPER TITLE - \$10</b> Allow two weeks for processing. Will be mailed to POA address above.																																		
<input type="checkbox"/> <b>Check #</b> _____ (make out to GA Dept. of Natural Resources); <b>or</b> <input type="checkbox"/> If paying by Credit Card, enter phone #, and we will call for card info: (_____) _____ - _____ Credit Card Signature: _____																																		
<b>Mail Form to: GADNR, PO Box 934943, Atlanta, GA 31193-4943 or call 1-800-366-2661</b>																																		