



State of South Dakota
Motor Vehicle Division
445 E. Capitol Avenue
Pierre, SD 57501
605-773-3541 http://dor.sd.gov

THIS FORM MUST BE COMPLETED WITHOUT ERROR/OMISSION/CORRECTION/WRITE-OVER

Power of Attorney

REVIEW INSTRUCTIONS ON THIS PAGE (PLEASE COMPLETE PAGE 2)

A Instruction Complete this application to designate power of attorney only to make an application for title or to assign a certificate of title.

B Vehicle or Boat Information Year: Make: Model: VIN/HIN: Title Number: (May be left blank if necessary)

C Person(s) Appointed Let it be known that the undersigned PRINT FIRST & LAST (OR BUSINESS/TRUST) NAME(S) HERE of the city of BOX ELDER, South Dakota, does (do) hereby appoint the following true and lawful attorney(s) for the purpose listed below: DO NOT ALTER FOLLOWING; SKIP TO SECTION "E"
Appointed Name: AMERICAS MAILBOX, INC. Address: 514 AMERICAS WAY
City: BOX ELDER State: SD Zip Code: 57719
Appointed Name: NOT USED Address: NOT USED
City: NOT USED State: NOT USED Zip Code: NOT USED

D Attorney Powers The appointed attorney(s) may exercise the following designated powers. Check all that apply.
Group 1: To be used only if more than one person is named above. DO NOT ALTER THIS SECTION
Jointly (both people named must sign) Severally (either person named can sign)
Group 2: One or more selections must be made. DO NOT ALTER THIS SECTION
To apply for a certificate of title for the described vehicle/boat in the name of the undersigned.
To assign all rights, title, and interest in the described vehicle/boat on behalf of the undersigned.

E Disclosure, Signature, and Notary The undersigned does further authorize said attorney(s) to include in any application for title and/or the assignment, such statements and warranties as to mortgages, liens, and encumbrances upon the above described motor vehicle/boat as they, or either of them, may believe to be true in fact. The undersigned does hereby ratify and confirm each and every act which said attorneys or either of them may do pursuant to the power herein granted.

In witness whereof, the undersigned has executed this instrument on this # day of MONTH, 20 YEAR

Name: PRINT FIRST & LAST NAME Signature: SIGNATURE (SEE NOTE BELOW)
Name: PRINT FIRST & LAST NAME Signature: SIGNATURE (SEE NOTES BELOW)
\*Include Postion Title as applicable (Business/Trust)

Sworn to and witnessed by me this day of , 20. MUST BE WITNESSED BY NOTARY PUBLIC

Notary Signature: MUST BE SIGNED IN INK.

My commission expires the day of , 20. NO DIGITAL OR E-SIGNATURES

(COMPLETE NEXT PAGE)



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### Power of Attorney

**A**  
Instruction Complete this application to designate power of attorney only to make an application for title or to assign a certificate of title.

**B**  
Vehicle or Boat Information  Vehicle  Boat  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN/HIN: \_\_\_\_\_ Title Number: \_\_\_\_\_

**C**  
Person(s) Appointed Let it be known that the undersigned \_\_\_\_\_ of the city of **BOX ELDER**, South Dakota, does (do) hereby appoint the following true and lawful attorney(s) for the purpose listed below:

Appointed Name: **AMERICAS MAILBOX, INC.** Address: **514 AMERICAS WAY**  
City: **BOX ELDER** State: **SOUTH DAKOTA** Zip Code: **57719**

Appointed Name: **NOT USED** Address: **NOT USED**  
City: **NOT USED** State: **NOT USED** Zip Code: **NOT USED**

**D**  
Attorney Powers **The appointed attorney(s) may exercise the following designated powers. Check all that apply.**

Group 1: To be used only if more than one person is named above.

- Jointly (both people named must sign)  Severally (either person named can sign)

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Disclosure, Signature, and Notary The undersigned does further authorize said attorney(s) to include in any application for title and/or the assignment, such statements and warranties as to mortgages, liens, and encumbrances upon the above described motor vehicle/boat as they, or either of them, may believe to be true in fact. The undersigned does hereby ratify and confirm each and every act which said attorneys or either of them may do pursuant to the power herein granted.

In witness whereof, the undersigned has executed this instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to and witnessed by me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.