OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DRIVE SE
SALEM OR 97302-1166
PH (503) 378-6699
FAX (503) 378-6880

Reset Print

POWER OF ATTORNEY

INSTRUCTIONS : 1) Provide ALL information and check the applicable boxes. 2) Form must be signed by the Owner, a Partner in a Partnership or Limited Liability Partnership; a Corporate Officer, a Manager or Member of a Limited Liability Company (LLC) **and** the Power of Attorney. 3) The motor carrier business location address is required.

MOTOR CARRIER NAME asdasd							
CCD ACCOUNT NUMBER asd			ATTORNEY-IN-FACT BUSINESS NAME				
LOCATION ADDRESS asd			MAILING ADDRESS				
CITY asd	STATE as	ZIP asd	CITY asd		STATE as	ZIP asd	
SIGNATURE OF MOTOR CARRIER BINDING THIS AGREEMENT			SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT				
PRINTED NAME OF SIGNATURE ABOVE asdasd			PRINTED NAME OF SIGNATURE ABOVE				
TITLE ☐ Owner ☐ Corporate Officer ☐ Partner of Partnership or LLP ☐ Manager or Member/LLC			TITLE OF ATTORNEY-IN-FACT				
DATE	TELEPHONE NUMBER		DATE		TELEPHONE NUMBER		

This Power of Attorney will be in effect beginning _____ and continues until canceled.

The Motor Carrier listed above does hereby designate and appoint the Power of Attorney listed above to act as Attorney-in-Fact for the following purposes (check applicable provisions):

☐ a) To initiate closure of the account for the Motor Carrier.

☐ b) To obtain, complete, and submit application to enroll vehicles in the Oregon Weight-Mile Tax Program, to obtain Temporary Enrollment Documents and/or Over-Dimensional/Weight permits. To have the ability to cancel enrollment and permits.

☐ c) To prepare, sign and submit documents and payments which may be necessary for filing highway use tax reports and Road Use Assessment Fees.

☐ d) Sign highway use tax bonds.

☐ e) To obtain, complete, and submit application and fees for International Registration Plan (IRP) and International Fuels Tax Agreement (IFTA) License and decals. To obtain, complete, and submit application and fees for Registration of vehicles operating in Oregon only. To have the ability to cancel IFTA and Oregon based Registration.

☐ f) Change motor carrier address and/or telephone number. All correspondence and plates may be mailed to:

ADDRESS	CITY	STATE	ZIP
asd	asd		

☐ g) Request an Oregon Trucking Online Personal Identification Number (PIN).

☐ h) Specify Other: _____

If using Trucking Online or other web services, all transactions identified above, whether checked or unchecked, are automatically approved. This Power of Attorney grants permission for the Oregon Department of Transportation to release account, vehicle, and payment information to the Attorney-in-Fact. This Power of Attorney does not relieve the motor carrier from the responsibility of filing timely, accurate reports and applications.

☐ This Power of Attorney cancels all other Power of Attorney agreements for this CCD Account.

TO CANCEL THIS POWER OF ATTORNEY, COMPLETE THE INFORMATION BELOW AND SEND A COPY TO ODOT/CCD.

THIS POWER OF ATTORNEY IS CANCELED ON: DATE _____

SIGNATURE	PRINTED NAME OF SIGNATURE

TITLE ☐ Owner ☐ Partner (Partnership or LLP) ☐ Corporate Officer ☐ LLC Manager or Member ☐ Power of Attorney