



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 www.revenue.alabama.gov
Power of Attorney

MVT 5-13
 9/19

A.

VEHICLE IDENTIFICATION NUMBER (VIN)*										YEAR	MAKE	MODEL
BODY TYPE					LICENSE PLATE NUMBER					STATE OF ISSUANCE		

B.

Taxpayer Information		Representative(s): Hereby appoint(s) the following representative(s)	
Taxpayer Name(s) and Address (Please Type or Print)		Name and Address (Please Type or Print)	
Email Address _____		Email Address _____	
Telephone Number (_____) _____		Telephone Number (_____) _____	

As my attorney-in-fact to sign my name and do all things necessary for the following purpose(s):

- Title application, transfer or lien filing
- Title service provider - Section A is not required
- other purpose, *describe:* _____
- IFTA transaction(s)
- register and purchase license plate(s).

for my motor vehicle described above.

ACTS AUTHORIZED

The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

▶ _____
 SIGNATURE OF TAXPAYER DATE

 SIGNATURE OF TAXPAYER DATE

Signature of Appointee: ▶ _____
 NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

SPECIAL NOTICE: Any alterations or strikeovers shall void this Power of Attorney. Original signatures are required.



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
P.O. Box 327640 • Montgomery, AL 36132-7640
www.revenue.alabama.gov

MVT 5-6
2/20

Next of Kin Affidavit

NOTE: This affidavit must be submitted with a copy of the death certificate when applying for an Alabama Certificate of Title.

VEHICLE IDENTIFICATION NUMBER												TITLE NUMBER											
YEAR						MAKE						MODEL											
NAME OF DECEASED																							
ADDRESS OF DECEASED																							
CITY								STATE								ZIP							

The undersigned certifies, as next of kin, he/she is one of the heirs of the deceased listed above and the estate of the deceased has not been probated and does not require probate. The undersigned asserts that it is the desire of the said heirs that:

CHECK ONE BOX ONLY

- A replacement certificate of title be issued for the vehicle described above (replacement application must be completed by the individual who completed this form).
- The vehicle described above be titled in accordance with completed assignment on certificate of title (assignment of title must be completed by the individual who completed this form).

I certify, under penalty of perjury, that the above information is true and correct.

_____ SIGNATURE OF NEXT OF KIN
_____ PRINTED NAME OF NEXT OF KIN
_____ DATE

(Signature and Printed Name of Next of Kin required.)

