OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
455 AIRPORT ROAD SE BUILDING A
SALEM OR 97301
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		
CCD ACCOUNT NUMBER		
LOCATION ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF MOTOR CARRIER BINDING THIS AGREEMENT		
PRINTED NAME OF SIGNATURE ABOVE		
TITLE ☐ Owner ☐ Corporate Officer ☐ Partner of Partnership or LLP ☐ Manager or Member/LLC		
DATE	TELEPHONE NUMBER	

ATTORNEY-IN-FACT BUSINESS NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT		
PRINTED NAME OF SIGNATURE ABOVE		
TITLE OF ATTORNEY-IN-FACT		
ATTORNEY-IN-FACT EMAIL ADDRESS		
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 Fuel 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

☐ g) Request an Oregon Trucking Online (TOL) Password.

☐ 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	