

## MISSISSIPPI DEPARTMENT OF REVENUE

Motor Vehicle Services  
P.O. Box 1383  
Jackson, MS 39215-1383

## POWER OF ATTORNEY FOR INSURANCE COMPANY TO TRANSFER TOTAL LOSS VEHICLE

I (we) hereby appoint, \_\_\_\_\_ as my (our) attorney-in-fact for the  
(If insurance company involving total loss, complete boxes immediately below.)

Insurance Company Name	Date of Total Loss ____/____/____
------------------------	--------------------------------------

purpose of:

- ☐ Transferring ownership for the following described unit:
- ☐ Making application for title for the following described unit:
- ☐ Making application for registration for the following described unit:

Year (YYYY)	Make	Identification Number

with the full authority to sign on my (our) behalf all papers and documents and to do all that is necessary to this appointment.

Signature	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____
	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____
	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____

Notary Information	Embossed or black ink rubber stamp seal*		Subscribed and sworn before me, this	
			day of	year
	State	County	My Commission Expires (MM/DD/YYYY)	
			____/____/____	
	Notary Public Signature			
Notary Public Name (Typed or Printed)				

\* Electronic signature is permissible ONLY for Insurance Company submissions to the Mississippi Department of Revenue related to a total loss vehicle. Notarization is not required if signing electronically.