

## **POWER OF ATTORNEY - AIRCRAFT REGISTRATION**

Aeronautics Division - PO Box 200507, Helena, MT 59620-0507 - Phone (406) 444-2506 - Fax (406) 444-2519 - sdemars@mt.gov

The power of attorney must be exercised by the person or company named on this form, and is only valid on the document for which the authority is granted.

If an **individual** holds the power of attorney, that person must write the name of the owner, followed by his/her signature and "POA." Example: Sharon Smith by Jane Doe POA (Sharon Smith is the owner and Jane Doe is the person named as representative on the power of attorney).

If a **business** holds the power of attorney, the representative of that business must write the name of the owner followed by the name of the business, and then his/her signature and "POA." Example: Sharon Smith by Morrison's Garage George Morrison POA.

The aircra	ft owne	r/applicant m	ust complete	this section:			
I (print your legal name)				Address, City, State and Zip Code			
Appoint (print th	e name of th	ne business or individua	al)				
Address				City		State	Zip Code
		t with full author ace and stead on		any and all instruments ircraft:	s, document	s, affidavits	, etc. to effect
N Number		Year	Manufacturer & Model			Color	
I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that the statements made on this form are true and correct to the best of my knowledge, information and belief, and if signing for a commercial entity, I have full authority to do so.  Owner/Applicant Signature: Date: Date:							
State of	County of		Signed before me	on (date)	Not	Notary Stamp/Seal	
by (clearly print	name of pers	son signing form)					
Notary Signature			Printed name				
Title or rank Residing at		My commission expires					
	-	te authorities reser	_	eject any form that has bee	en altered.		