



DEPARTMENT OF GAME AND INLAND FISHERIES
 BOAT REGISTRATION AND TITLING SECTION
 P O BOX 9930, HENRICO, VA 23228-9930
 (804) 367-6135 WWW.DGIF.VIRGINIA.GOV

**POWER OF ATTORNEY FOR REGISTERING/TITLING
 AND/OR TRANSFERRING OWNERSHIP OF A VESSEL**

Vessel Registered/Titled Owners:

Owner's Name: _____ Co-Owner's Name: _____
 Address: _____ Address: _____

 Daytime Telephone: (____) _____ Daytime Telephone: (____) _____

Power of Attorney is Granted To:

Name: _____
 Address: _____

 Daytime Telephone: (____) _____

To act for me in all matters pertaining to the titling, registration and transferring of interest in and to the following described vessel:

 Registration/Title Number Make of Vessel Model Year

Hull Identification Number _____

I/We, being the owner(s) of the vessel described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place and stead any Certificate of Title, or other supporting papers, covering said vessel, in whatever manner necessary to register/title and/or transfer ownership of said vessel; and I/we do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DGIF are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

X _____ Date: _____
 Signature of Vessel Owner/Grantor

X _____ Date: _____
 Signature of Vessel Co-Owner/Grantor