



BRUCE ELFANT  
ASSESSOR AND COLLECTOR  
OF TAXES

5501 AIRPORT BLVD.  
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**LIMITED POWER OF ATTORNEY  
TO REGISTER/RE-REGISTER A MOTOR VEHICLE**  
(This form cannot be used to transfer ownership of a vehicle)

This is to certify that I, \_\_\_\_\_ of the  
County of \_\_\_\_\_ and the State of Texas, owner of the following described motor vehicle  
do make constitute and appoint:

\_\_\_\_\_  
Printed name of appointed person Complete address of appointed person

**Of the County of \_\_\_\_\_ and the State of \_\_\_\_\_, my true and lawful  
attorney, for me and in my name, place and stead to register or renew the registration for the motor  
vehicle described as follows:**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ LIC PLATE# \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

TITLE DOCUMENT NUMBER \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME(S) OF OWNER(S) DAYTIME PHONE NUMBER

\_\_\_\_\_, TX \_\_\_\_\_  
STREET ADDRESS OF OWNER(S) CITY ZIP CODE

\_\_\_\_\_  
SIGNATURE OF OWNER DATE SIGNATURE OF OWNER DATE

\_\_\_\_\_  
PRINTED NAME OF OWNERS INSURANCE AGENT AGENTS PHONE NUMBER

\_\_\_\_\_  
PRINTED NAME OF APPOINTED PERSON SIGNATURE OF APPOINTED PERSON

**WARNING: TRANSPORTATION CODE, 501.155, PROVIDES THAT FALSIFYING INFORMATION ON ANY  
REQUIRED STATEMENT OR APPLICATION IS A THRID-DEGREE FELONY.**