SPECIAL POWER OF ATTORNEY FORM: SPOA REV. 5-2016

FOR USE ONLY AT

STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION 2800 Berlin Turnpike, Newington, CT 06111



INSTRUCTIONS: The form below may be used as a Special Power of Attorney to authorize, according to Connecticut law, another person designated by you to make, to complete and to sign on your behalf documents related to transactions involving Livery Services; Taxicab Services; Household Goods Carrier Services; and/or Motorbus Services that are required to be submitted to the Department of Transportation in connection with any transactions at the Regulatory and Compliance Unit of the Bureau of Public Transportation.

Please note the following carefully:

- 1. This form must be completed in its entirety. The form requires your signature, the signature of two witnesses, and the signature of an officer authorized to take acknowledgments (a Notary Public, Justice of the Peace, or Commissioner of the Superior Court).
- 2. The Special Power of Attorney contains broad powers, and those powers may be restricted or clarified in the area provided below, in any manner that the Principal deems correct. This Special Power of Attorney is valid for use at CONNDOT for two years after the date of execution.
- 3. This Special Power of Attorney bearing original signatures must be shown, and will be returned to you.
- 4. The grantor of any Special Power of Attorney or the attorney-in-fact may make application to any Court of Probate for an accounting, as provided in subsection (b) of section 45a-175 of the Connecticut General Statutes.

KNOW ALL PERSONS BY THESE PRESENTS, which are intend	ded to constitute a Special Power of Attorney, that I,
	, do hereby appoint
Principal's full name, address, and business name	
	, as my attorney-in-fact
Agent's full name, address, and business name (if any)	
to act in my name, place and stead in any way which I myself	• • • • •
permitted by law to act as an agent, to make, to complete, and to	*
that is required to be submitted to the Department of Transporthat is granted to the said Department by any provision of the	·
Connecticut State Agencies, in connection with transactions inve	•
Carrier Services; and/or Motorbus Services, subject to the follow	
Restrictions of Powers (if any):	_
And/or Clarifications of Powers (if any):	
This Special Power of Attorney is granted and is valid for use at C	
the express purposes stated herein.	DOINING OF THE TWO YEARS HOTH THE date of excedition only for
the sapesse purposes states herein	
IN WITNESS WHEREOF, I have hereunto signed my name below on the signed my name below of the signed my name below of the signed my name below o	thisday of, 20
Principal: (L.S.)	
Principal: (Sign your full name as above)	
Attested and subscribed in the presence of the Principal and	
subsequent to the Principal subscribing same:	
(Signature of Witness)	(Signature of Witness)
STATE OF CONNECTICUT)	
)	
COUNTY OF) SS:	
Personally appeared, signer ar	nd sealer of the foregoing Power of Attorney, who
(Full name of Principal)	, , , , , , , , , , , , , , , , , , ,
acknowledged the same as his or her free act and deed, before me, this	day of, 20
	Notary Public /Justice of the Peace
	Commissioner of the Superior Court
Seal of the Notary Public or Justice of the Peace	My commission expires: