VEHICLE USE PERMIT POWER OF ATTORNEY

1. I

Last                      First                      MI

Give

Last                      First                      MI

Who is my ____________________________

Relationship

Permission to operate my vehicle

________________________________________________________________________

Year                      Make                      Model

________________________________________________________________________

VIN                      License Plate                  State

2. I possess and will provide proof of Motor Vehicle Liability Insurance for the above stated vehicle which
meets or exceeds the minimum requirement for the State of North Carolina 30,000 per person/60,000
per accident (BI)/25,000 property Damage with

________________________________________________________________________

Insurance Company                  Policy Number

3. I will maintain this insurance for the duration that the vehicle is registered aboard MCB Camp Lejeune.

4. I affirm that the above mentioned person and myself do not have suspended or revoked driving
 privileges in any state or federal military installation.

__________________________

Signature

Subscribed and sworn before me this _______ day of _________________ 20  _____

__________________________

Notary

My commission expires on ______________________

Day, Month, Year