

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