

# 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