



LIMITED POWER OF ATTORNEY IDENTIFICATION CARD TRANSACTIONS

State Form 56782 (R2 / 11-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-24 and IC 30-5.

- INSTRUCTIONS:**
1. Complete this form in blue or black ink.
 2. Submit completed form to any BMV license branch location.
 3. This form is not complete without a letter from your physician indicating that you cannot travel outside of your place of residence due to a medical condition.
 4. You may not use this form unless you already have a credential on file with the BMV.
 5. This form is only for use in obtaining, amending, or renewing an Indiana identification card.
 6. If you are amending an existing Indiana credential, you must provide any documents required to complete the amendment in addition to this form.

*** This form is not considered complete unless it includes a letter from your physician indicating that you cannot travel outside of your place of residence due to a medical condition.**

SECTION ONE: CUSTOMER INFORMATION		
Customer Name (<i>first, middle initial, last</i>)	Telephone Number	
Address (<i>number and street</i>)		
City	State	ZIP Code
SECTION TWO: REPRESENTATIVE INFORMATION		
Representative Name (<i>first, middle initial, last</i>)	Telephone Number	
Address (<i>number and street</i>)		
City	State	ZIP Code
SECTION THREE: ADDITIONAL REPRESENTATIVE INFORMATION		
Additional Representative Name (<i>first, middle initial, last</i>)	Telephone Number	
Address (<i>number and street</i>)		
City	State	ZIP Code
SECTION FOUR: AFFIRMATION		
<p>I hereby authorize the listed representative(s) to act as my attorney-in-fact to process Indiana identification card transactions with the BMV. I understand that my Indiana identification card will NOT be a REAL ID compliant credential. I understand that this authority will expire five (5) years from the date this Power of Attorney is signed or a written and signed notice is filed revoking this authorization.</p>		
SECTION FIVE: AUTHORIZING SIGNATURE		
Signature of Customer Requiring Representative	Printed Name	Date (<i>mm/dd/yyyy</i>)
SECTION SIX: NOTARY CERTIFICATE		
STATE OF:		
SS:	(SEAL)	
COUNTY OF:		
Sworn to before me, a Notary Public, in and for said County, this ____ day of _____, 20____.		
Signature of Notary Public	Printed Name of Notary Public	Date Commission Expires (<i>mm/dd/yyyy</i>)