**POWER OF ATTORNEY (Specific mandate for representation before the Société de l'assurance automobile du Québec - SAAQ)**

**BETWEEN:**

**THE PRINCIPAL:**

**Full legal name of your company A corporation legally incorporated under the laws of Quebec Having its head office at: Full address of the company's head office Quebec Enterprise Number (NEQ): Your NEQ**

**Represented herein by: Your full name, duly authorized to act on behalf of the company in your capacity as Director, President, Chief Executive Officer**

**(Hereinafter referred to as the "Principal Company")**

**AND:**

**THE AGENT:**

**Full legal name of the person designated as agent Residing at: Full address of agent Agent's driver's license number: Number Agent's date of birth: YYYY-MM-DD**

**(Hereinafter referred to as the "Agent")**

**PURPOSE OF THE POWER OF ATTORNEY:**

**The Principal Company hereby designates and appoints the Agent for Act on its behalf and specifically represent it before the Société de l'assurance automobile du Québec (SAAQ) for the following purposes:**

**[SECTION TO BE ADAPTED PRECISELY AS NEEDED - Choose or combine the relevant options and delete the others. Be as specific as possible.]**

**Option 1: For one or more specific vehicles:**

**Regarding the following vehicle(s) belonging to the Principal Company:**

**• Make: Make, Model: Model, Year: Year, VIN: Vehicle Identification Number - MANDATORY**

**• [Add other vehicles if necessary]**

**The Agent is authorized to perform the following acts with the SAAQ for this (these) vehicle(s):**

**• Perform the initial registration.**

**• Renew the registration.**

**• Pay the registration fees and charges.**

**• Obtain a registration certificate (duplicate or replacement). • Obtain a license plate (replacement).**

**• Store the vehicle(s).**

**• Unstore the vehicle(s).**

**• Transfer ownership (sale or acquisition) of the vehicle(s) to the Principal Company. (Note: If the agent signs the deed of sale themselves, broader powers and verifications are required.)**

**• Submit form [Specific SAAQ form number or name, if known].**

**• Receive all relevant documentation related to the authorized actions above.**

**• Add any other clearly defined specific actions, e.g., apply for a disabled parking permit if the company is eligible and the vehicle is suitable.] Option 2: For general acts on behalf of the company (less recommended because it is less secure, unless the agent is a trusted employee managing the fleet):**

**The Agent is authorized to perform the following general administrative acts with the SAAQ on behalf of the Principal Company:**

**• Manage the company's general file with the SAAQ.**

**• Obtain general information about the company's fleet.**

**• Make payments for the renewal of the entire fleet or for groups of vehicles.**

**• [Add other clearly defined general acts].**

**LIMITATIONS:**

**This power of attorney does NOT authorize the Agent to:**

**• Contest tickets for violations on behalf of the company (unless expressly authorized in writing).**

**• Take out insurance on behalf of the company.**

**• Sell vehicles belonging to the company without a separate sales mandate or a specific resolution from the company. • Add any other limitations deemed necessary.**

**IDENTIFICATION WITH THE SAAQ:**

**The Principal Company acknowledges that the Agent must present a valid official ID (driver's license, health insurance card, passport) to the SAAQ to prove their identity when acting under this power of attorney.**

**VALIDITY PERIOD:**

**[Choose one:]**

**0 Option A (Single Transaction): This power of attorney is valid only for the performance of the above-mentioned acts on or around the Specific Date or the date of the visit to the SAAQ.**

**0 Option B (Fixed Term): This power of attorney is valid from the date of signature and will expire on the End Date.**

**0 Option C (Until Revocation): This power of attorney is valid from the date of signature and will remain in effect until revoked in writing by the Principal Company. REVOCATION:**

**The Principal Company may revoke this power of attorney at any time by serving written notice on the Agent and, if necessary or prudent, also informing the SAAQ.**

**APPLICABLE LAW:**

**This power of attorney is governed by the laws of the Province of Quebec.**

**DATED AT City, QUEBEC, THIS Date.**

**SIGNATURES:**

**FOR THE PRINCIPAL COMPANY: Name of the principal company**

**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your full name Your official title/position authorizing signature for the company (Signature of the director or officer at)**

**SIGNATURES:**

**FOR THE PRINCIPAL COMPANY: Name of the principal company**

**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your full name Your official title/position authorizing signature for the company (Signature of the authorized director or officer at)**

**ACCEPTANCE BY THE AGENT:**

**I, the undersigned, [Full Name of the Agent], accept the authority given to me by this power of attorney.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name of the Agent (Signature of the Agent)**