



## LIMITED POWER OF ATTORNEY

I hereby designate and appoint the holder of this Certificate as my true and lawful attorney-in-fact for the limited purpose of entering a plea and securing appropriate legal representation of my interests concerning

Ticket #: \_\_\_\_\_

My attorney-in-fact is to exercise his/her best professional judgment in rendering this assistance, and I understand and agree to be responsible for payment of any fines and/or court costs assessed by the court.

In addition, I hereby give authorization to TVC Pro-Driver, LLC. to perform a CSA/DATAQ Challenge on my behalf for this matter, if applicable.

If necessary, I would be willing to (check all that apply):

- Attend trial (a future court date)
- Authorize attorney to enter into a plea agreement and negotiate for a reduction, amendment, or dismissal of charge
- Attend defensive driving school. If yes, have you been to defensive driving school in past 18 months? **Circle Yes or No**

If yes, when and where?

\_\_\_\_\_

By voluntarily supplying my contact information and initialing here, I consent to receive communications regarding the ticket identified herein from TVC (and/or any person or entity acting on TVC's behalf or servicing my TVC membership). I consent to TVC sending me such messages by current or future means of communications, including but not limited to, telephone, artificial or pre-recorded voice messages, electronic facsimile machine, SMS or text messages, and email directed to me at a mobile telephone service or otherwise. I understand, acknowledge, and agree that these communications could be, in some instances, protected by the attorney-client privilege.

INITIAL HERE \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*A photocopy of this power of attorney is just as binding as the original when in the possession of an assigned agent or attorney-in-fact. Unless you direct otherwise, this power of attorney is effective immediately and will continue until it is revoked.*

### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Dispatch: (\_\_\_\_\_) \_\_\_\_\_

Driver's License State/No.: \_\_\_\_\_

### 3 WAYS TO SUBMIT LIMITED POWER OF ATTORNEY

- Email a copy to legal@prodriver.com
- OR text a picture to (405) 455-8276
- OR mail to TVC Pro-Driver at 14313 N May Ave Oklahoma City, OK 73134 United States

**TVC Pro-Driver, LLC.**  
**(800) 288-2889**  
**14313 N May Ave**  
**Oklahoma City, OK**  
**73134**