

Removal and/or Inspection of a Motor Vehicle at a VSF

This Form is Approved by the Texas Department of Licensing and Regulation

Check one of the following boxes:			SECTION ONE
Box 1: I am an immediate family member (pa selected, this form may be used as the Affid Box 2: I am an authorized representative of the Box 3: I am an authorized representative of a	avit of Right of Possession ne owner of the vehicle.	n Form.	
Check the applicable box:			SECTION TWO
I will <i>remove</i> the vehicle; I will <i>inspect</i> the vehicle.			
Describe the motor vehicle and person authori	zed to inspect or remove	e the vehicle:	SECTION THREE
Vehicle Year, Make and Model:			
VIN or License Plate Number:			
Describe the person removing or inspecting th	e motor vehicle:		
First and Last Name:			
Company Name (if a representative of a compa	any):		
If a tow truck is used to remove the vehicle, co	mplete the following:		
Tow Operator TDLR Lic. No:	Tow Truck TDLR No: _		
Complete this section ONLY IF you checked B	ox 1 or Box 2 in SECTIO	N ONE above:	SECTION FOUR
On this date appeared I am the owner of the vehicle and authorize the lam an immediate family member and author to remove or inspect the motor vehicle described and authorize the motor vehicle described and authorize the motor vehicle and authorize the motor vehicle described and authorize the motor vehicle described and authorize the motor vehicle and author	e person or company namized by the owner	•	
The authority granted herein is limited to either (i) vehicle from			_
This Authority to Act shall expire the earlier of thre writing, or when the motor vehicle is returned to m			ate if revoked by me in
Signed this day of,	20 Signature:		
Subscribed and sworn to before me on this	day of	, 20	
Notary Signature:			
Notary Public, State of			
My commission expires:			
Complete this section ONLY IF you checked B	ox 3 in SECTION ONE at	oove:	SECTION FIVE
I am a duly authorized licensed Insurance Adjuster. I wo (Name of Insurance Company) authorized to conduct bu			noo Adjustor
License # is: The claim r		•	•
expressly authorized its inspection and/or removal.	Oato:		
Signature: Printed Name:	Insurance Claim#:		
I understand, acknowledge, and agree that by typing and this document has the same legally binding con			onic signature

INSTRUCTIONS

When completed according to these instructions and presented by a person named in the form with conforming identification, a VSF may not delay release or inspection of the vehicle.

VSF'S must accept facsimiles or copies of this document

FAMILY MEMBERS

An immediate family member of the owner of the vehicle may remove or inspect the vehicle using this form and:

- 1. checking Box 1 in Section One;
- 2. checking the appropriate box in Section Two;
- 3. completing Section Three;
- 4. completing Section Four in the presence of a notary; and
- 5. leaving Section Five blank.

OTHER PERSONS WITH POWER OF ATTORNEY

Any other person authorized by the owner of the vehicle may remove or inspect the vehicle using this form and:

- 1. checking Box 2 in Section One;
- 2. checking the appropriate box in Section Two;
- 3. completing Section Three;
- 4. having the owner of the vehicle complete Section Four in the presence of a notary; and
- 5. leaving Section Five blank.

INSURANCE COMPANY REPRESENTATIVES

An insurance company's authorized representative may remove or inspect the vehicle using this form and:

- 1. checking Box 3 in Section One;
- 2. checking the appropriate box in Section Two;
- 3. completing Section Three; (Note: This section identifies the person inspecting or removing the vehicle; may be different from the person named in Section 5)
- 4. leaving Section Four blank; and
- 5. completing Section Five. (Note: This section provides the authorization to inspect or remove the vehicle; may be different from the person named in Section 3)