



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 (parent, spouse, brother, sister, or child) of the owner of the vehicle. When selected, this form may be used as the Affidavit of Right of Possession Form.
- Box 2:** I am an authorized representative of the owner of the vehicle.
- Box 3:** I am an authorized representative of an insurance company authorized to conduct business in the State of Texas.

Check the applicable box:

SECTION TWO

- I will *remove* the vehicle;
- I will *inspect* the vehicle.

Describe the motor vehicle and person authorized to inspect or remove the vehicle:

SECTION THREE

Vehicle Year, Make and Model: _____

VIN or License Plate Number: _____

Describe the person removing or inspecting the motor vehicle:

First and Last Name: _____

Company Name (if a representative of a company): _____

If a tow truck is used to remove the vehicle, complete the following:

Tow Operator TDLR Lic. No: _____ Tow Truck TDLR No: _____

Complete this section **ONLY IF** you checked Box 1 or Box 2 in SECTION ONE above:

SECTION FOUR

On this date appeared _____ who upon oath declared that:

I am the owner of the vehicle and authorize the person or company named in this document; [or]

I am an immediate family member and authorized by the owner

to remove or inspect the motor vehicle described above.

The authority granted herein is limited to either (i) inspecting the vehicle or (ii) making payment to and removing the described vehicle from _____ (name of the Vehicle Storage Facility).

This Authority to Act shall expire the earlier of three (3) days from its date of execution, or at an earlier date if revoked by me in writing, or when the motor vehicle is returned to my possession.

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 Box 3 in SECTION ONE above:

SECTION FIVE

I am a duly authorized licensed Insurance Adjuster. I work for or represent _____ (Name of Insurance Company) authorized to conduct business in the State of Texas. My Texas Department of Insurance Adjuster License # is: _____. The claim related to this vehicle settled or, prior to settlement, the vehicle owner expressly authorized its inspection and/or removal.

Signature: _____ Date: _____

Printed Name: _____ Insurance Claim#: _____

I understand, acknowledge, and agree that by typing my name on this document, my typed name is an electronic signature and this document has the same legally binding consequence as if executed with a traditional signature.