

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. 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 	
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 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 vehicle from (name of the Vehicle Storage Facility).	e described
This Authority to Act shall expire the earlier of three (3) days from its date of execution, or at an earlier date if revok writing, or when the motor vehicle is returned to my possession.	ed by me in
Signed this day of, 20 Signature:	
Subscribed and sworn to before me on thisday 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	r
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.	ıre

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)