



Removal or Inspection of a Motor Vehicle at a VSF

You may contact the Compliance Division of the Tow Truck and Vehicle Storage Program at
P.O. Box 12157, Austin, TX 78711.

Email: Towing@license.state.tx.us Website Address: www.license.state.tx.us
Complaints may be filed online at www.license.state.tx.us/Complaints/

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 a licensed insurance adjuster representing an authorized insurance company (must be signed by a licensed insurance adjuster including TDI ID number). When selected, this form may be used as the Proof of Loss Claim Form by the insurance company.

Check the applicable box: **SECTION TWO**

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

Describe the motor 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**

Authority to Act: I, _____ (name of owner of the vehicle or immediate family member with authority to act for the owner), authorize the person or company described above 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 licensed insurance adjuster representing an insurance company duly authorized to conduct business in the State of Texas. The claim related to this vehicle has been settled or, prior to settlement, the vehicle owner expressly authorized its removal.

Adjuster Signature: _____ TDI License ID Number: _____

Printed Name: _____ Date: _____

INSTRUCTIONS

FAMILY MEMBERS

An immediate family member of the owner of the vehicle may claim 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 claim 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 claims adjuster or agent may claim 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;
4. leaving Section Four blank; and
5. completing Section Five.