



TEXAS DEPARTMENT OF LICENSING AND REGULATION

COMPLIANCE DIVISION/Tow Truck/Vehicle Storage Program P.O. Box 12157
Austin TX 78711

Email: Towing@license.state.tx.us Website Address: www.license.state.tx.us
800/299-1700

APPOINTMENT OF AUTHORIZED REPRESENTATIVE FOR INSPECTION OF MOTOR VEHICLE

I, _____, reside at _____ (street address, city and state) Driver's License # _____, issued by the state of _____, designate _____, who resides at _____ (street address, city and state) Driver's License # _____, issued by the state of _____, as my attorney-in-fact (referred to as "Authorized Representative") on the following terms and conditions:

- 1) **Authority to Act.** My Authorized Representative is authorized to act for me as described herein.
- 2) **Powers.** My Authorized Representative may act and exercise power, authority and control on my behalf, with regard to the following described motor vehicle:

Vehicle Year, Make and Model: _____

Vehicle Identification Number: _____

State of Registration and License Plate Number: _____

The authority granted herein is limited to inspection of the vehicle for purposes of insurance or repair in accordance with 16 Administrative Code 85.710(b)(3). This authorization is directed to _____ (name of Vehicle Storage Facility).

Signed this ___ day of _____, 20__.

Signature

Subscribed and sworn to before me on this ___ day of _____, 20__.

Notary Public, State of _____

My commission expires: _____