



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

Appointment of Authorized Representative For Inspection of Motor Vehicle

I _____ designate _____
(name of vehicle owner) (name of inspector)

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: _____ (required),

and with at least one of the following identifiers:

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, litigation, or repair. This authorization is directed to _____ (name of the 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: _____

This is a legal document and is provided as a courtesy free of charge. This document affects your legal rights and may give others access to your motor vehicle. If you do not understand this document or have questions, please consult an attorney.