



# 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](mailto:Towing@license.state.tx.us) Website Address: [www.license.state.tx.us](http://www.license.state.tx.us)

## NOTICE OF RIGHT OF POSSESSION FOR SALVAGE OR REPAIR

By execution of this Notice of Right of Possession for Salvage Or Repair form, I certify that I am employed by \_\_\_\_\_ towing company. I certify that I have been authorized by the insurance company listed herein to take possession of the motor vehicle listed below. I acknowledge that a representative of the insurance company stated herein certified to me that the insured or claimant authorized the removal of the vehicle and that said authorization is in the records of the insurance company.

This vehicle will be stored or repaired at \_\_\_\_\_ County, Texas (name of and street address of salvage yard, auction company, or repair facility) until the insurance claim referenced herein has been settled.

\_\_\_\_\_  
**Tow Operator's Signature**

\_\_\_\_\_  
**Date**

### VEHICLE INFORMATION:

Vehicle Year, Make and Model		
Vehicle Identification Number		
State of Registration and License Plate Number		

### VEHICLE OWNER/CLAIMANT INFORMATION:

Printed Name of Owner/Claimant		
Telephone Number		

### TOWING OPERATOR INFORMATION:

Printed Name of Operator		
TDLR Operator License Number		

### INSURANCE INFORMATION:

Printed Name of Company		
Printed Name of Certifying Agent		
Certifying Agent's Direct Telephone Number		
Insurance Claim Number		