**Inspection Form**

This form is used by a licensing official to appoint a deputy for the purpose of physically inspecting a motor vehicle, manufactured home or vessel when the owner is unable to bring it to the licensing official for inspection.

### Part I – To be completed by Owner (Owner/Lienholder & Vehicle Information)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>COLOR</th>
<th>CYLINDERS</th>
</tr>
</thead>
</table>

Owner 1 Name: ___________________________  Owner 2 Name: ___________________________

Resident Physical Address: ___________________________

Mailing Address: ___________________________

Lienholder Name: ___________________________  Lien Date: ___________________________

Lienholder Address: ___________________________

### Part II – To be completed by Owner (Appointment of Licensing Official by Owner)

I hereby appoint ___________________________ of ___________________________, Alabama as my attorney-in-fact, to sign my name and do all things necessary to apply for a title on the above vehicle, manufactured home or vessel.

Owner Signature: ___________________________  Date: ___________________________

### Part III – To be completed by Licensing Official (Appointment of Deputy by a Licensing Official)

I, the undersigned, hereby appoint the government official in Part IV as my deputy for the purpose of physical inspection required of me personally or through any of my deputies as provided under Chapter 8 of Title 32.

Licensing Official’s Name (Printed): ___________________________

Licensing Official’s Signature: ___________________________  Date: ___________________________

### Part IV – To be completed by Government Official (Vehicle Inspection by a Government Official)

I hereby certify that I have completed physical inspection of the above referenced motor vehicle, manufactured home or vessel and that the information on the vehicle matches the information listed on this form.

Government Official’s Name (Printed): ___________________________

Government Official’s Agency Name: ___________________________

Government Official’s Signature: ___________________________  Date: ___________________________