Texas Department of Motor Vehicles
Form VTR-221
(Rev. 06/12)

STATEMENT OF FACT for OUT-OF-STATE EVIDENCE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	BODY STYLE	STATE OF TITLE ISSUANCE

INSURANCE COMPANY INFORMATION

NAME OF INSURANCE COMPANY

ADDRESS | E-MAIL

CITY | STATE | ZIP | PHONE NUMBER

_____ , an applicant for a
Name of Insurance Company

Texas vehicle title on the above described vehicle certifies that:

1. The insurance company is licensed to do business in Texas
2. Has acquired the above described vehicle through payment of a claim, ownership or possession
   AND
3. Either:
   a. The following action occurred in Texas (check one and provide loss location)
      - ☐ Damage occurred in Texas Location (City): _____
      - ☐ Theft occurred in Texas Location (City): _____
      - ☐ Theft recovery occurred in Texas Location (City): _____
      - ☐ Other (please explain) _____

   OR

   b. The vehicle owner is a Texas resident (provide Texas address):

   _____

   For example, if the vehicle is registered under Texas Registration Purposes Only (RPO) procedures, or the owner is a resident of another state, but is active duty military stationed in Texas or is a full-time student attending an accredited Texas college or university.

SIGNATURE OF INSURANCE COMPANY OR SALVAGE POOL EMPLOYEE	PRINTED NAME	DATE

Contact/Help