



**Texas Workforce Commission
Vocational Rehabilitation Services
Vehicle Modification Evaluation**

Select the type of review being requested:

Price Review Repair Review Vehicle Modification Review Pre-Purchase Review

Information to be completed by VRS Representative

Customer Name:		VRS Case ID:	
Passenger	Driver	Both	
VRC name:		Office name:	
Phone number: ()	Fax number:	Email:	

Information Completed by Vehicle Modifier or Provider

Company name:		Email address:	
Telephone number: ()		Fax number:	
Street address (include suite number, if applicable):			
City:		State:	ZIP code:
Vehicle Modifier or Provider written or typed name:	Vehicle Modifier or Provider's signature: X	Date:	

Vehicle Information and Basic Measurements

VIN Number:			
New	Used	Year:	
Make:	Model:	Mileage:	
<input type="checkbox"/> Lowered Floor Conversion	<input type="checkbox"/> Rear Entry Conversion	<input type="checkbox"/> Side Entry Conversion	<input type="checkbox"/> Sedan
<input type="checkbox"/> Other (please specify):			

Wheelchair or Scooter Specifications

Make:		Model:	
Manual W/C	Power W/C	Scooter	
Special Features:			
Seat Measurement:	Sitting Height:	Chair Width:	Eye Height:
Chair Depth:	Floor to Seat Height:	Wheelchair Weight:	Customer Weight:

What is the front GAWR for the proposed vehicle:

Are there concerns that the combined weight of the wheelchair, customer and modification will exceed the GAWR:

Approval Signatures (TWS-VRS Purpose Only)

Provide a minimum of two signatures.

Print VR Supervisor's name:	VR Supervisor's signature: X	Date:
Print Counselor's name:	Counselor's signature: X	Date:
Print ATS's name:	ATS's signature: X	Date:
Print PSART's name:	PSART's signature: X	Date: