

Authorization Letter for Mechanic to Test Drive Vehicle

Subject: Authorization for Vehicle Test Drive

Dear [Service Center/Mechanic Name],

I, [Your Name], owner of [Vehicle Year, Make, Model], VIN [Vehicle Identification Number], registration [Registration Number], authorize your certified mechanics to test drive my vehicle as necessary to diagnose and repair the reported issues.

Service appointment: [Date]

Reported problems: [Brief description]

Your technicians have permission to:

- Operate the vehicle on public roads for diagnostic purposes
- Perform test drives before and after repairs
- Move the vehicle within your facility premises

My insurance policy [Policy Number] with [Insurance Company] covers authorized repair facility operations. Please ensure that only licensed and insured technicians operate my vehicle.

I understand that test drives will be limited to reasonable distances necessary for proper diagnosis and repair verification.

Vehicle Owner: [Your Name]

Contact: [Phone Number]

Date: [Date]

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