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| Texas Workforce Solutions logo | **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:       |
| [ ]  Lowered Floor Conversion [ ]  Rear Entry Conversion [ ]  Side Entry Conversion [ ]  Sedan[ ]  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:       |
| Itemized Costs   |
| Description | Make | Model | Qty | Labor Cost | Unit Price | Total Price |
|       |       |       |       |       |       |       |
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| Total cost:       |
| 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:      |