

**TAZEWELL COUNTY
FORM VIF - 2**

**TO BE COMPLETED BY A CERTIFIED MECHANIC EMPLOYED BY A DEALERSHIP OR
COMPANY IN TAZEWELL COUNTY**

Name of Firm and/or Individual Making Estimate: _____

Address: _____

VEHICLE OWNER INFORMATION

Name of Owner(s): _____

Address: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Body: _____ Tag#: _____

Vehicle Identification Number: _____ Odometer Reading: _____

****Normal wear and tear and minor damage for this vehicle have already been taken into consideration when this office valued the vehicle. Only when damage is exceptional and measurable can extra allowances be made for the condition of the vehicle****

It is my professional opinion that the fair market value of this vehicle is: _____

Because of the following damage(s) or condition(s): _____

AFFIDAVIT

CERTIFICATION AND OATH

I swear and affirm that:

1. I am a certified automobile mechanic.
2. I have been engaged in such work since (give dates): _____
3. The trade name and address of my business or employer are: _____
4. All information contained herein is true and correct.

Signature of Person Making Estimate

Date

Title _____