



### Harris County Title Service Records

*This form is prescribed pursuant to Sec. 520.057, Texas Transportation Code.*

**Instructions: Attach a completed copy of this form to form TS-5 for each transaction listed.**

Name of Service: _____	Title Service Transaction Date: _____
Authorization No.: _____	License Plate Number: _____
	VIN: _____

**Customer # 1**

**Customer # 2**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

*Legible copy of Driver's License  
(Customer #1)*

*If unable to copy in this designated space, attach a copy to this form.*

*Legible copy of Driver's License  
(Customer #2)*

*If unable to copy in this designated space, attach a copy to this form.*

*Legible copy of proof of financial responsibility  
(insurance card)*

*If unable to copy in this designated space, attach a copy of proof of insurance to this form.*

\_\_\_\_\_  
Printed name of person preparing this form

\_\_\_\_\_  
Signature of person preparing this form

\_\_\_\_\_  
Date