



HELP ELIMINATE AUTO THEFT
(800) 947-HEAT www.HeatReward.com

**HEAT VIN Etching and Labeling Program
 Information, Consent and Release Form**

Only individuals named on vehicle registration may authorize a VIN etching.

Owner Name:					
Street Address:					
City:		State:		ZIP:	
Home Phone:		Work Phone:			
Vehicle Make:		Model:		Vehicle Year:	
License Plate #:		State:			

Vehicle Identification Number (VIN)

Please Print Clearly

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Clear NCIC/DMV:		Cleared By:	
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I, _____, the owner of the above listed vehicle, hereby give permission to have my vehicle's Vehicle Identification Number (VIN) chemically etched into the glass surfaces of my vehicle. If my vehicle is a motorcycle, I understand that I will be provided permanent labels to be applied to the motorcycle surfaces at my discretion. I agree to release and hold harmless the Virginia State Police, its officers, employees, volunteers, assignees and agents, and all other participants from any and all claims, including but not limited to claims for personal injury or property damage arising from the glass etching or label application.

Owner's Signature: _____

Date: _____

Vehicle etched by: _____

Location: _____