[Current Date]

[Owner/Manager Name]
[Insurance Company or Organization Name]
[Street Address]
[City, State, Zip Code]

Subject: Authorization of Approved Auto Repair Facility

To Whom It May Concern,

This letter serves as formal notification that **[Repair Shop Name]**, located at **[Shop Address]**, has been officially designated as an Approved Auto Repair Facility for **[Organization Name]** effective **[Start Date]**.

The aforementioned facility has met all required standards regarding equipment, technician certification, and customer service protocols. As an authorized provider, this facility is permitted to perform the following services on behalf of our clients:

- Mechanical and Electrical Repairs
- Collision and Body Work
- Preventative Maintenance
- Diagnostic Testing

Under this authorization, **[Repair Shop Name]** is eligible to process claims, provide direct billing, and offer guaranteed repairs according to the terms of our service agreement. This status shall remain in effect until **[End Date/Further Notice]**.

Should you require any verification regarding this authorization, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Your Full Name]
[Your Job Title]
[Your Organization]