



Charles County Sheriff's Office



An Internationally
Accredited Agency

**APPLICATION
for
TOW SERVICE OPERATING IN
CHARLES COUNTY, MARYLAND**

This application must be completed in its entirety by the tow service requesting to operate a Tow Service in Charles County Maryland. It may be mailed to:

Tow Program Coordinator
Traffic Operations Unit
Charles County Sheriff's Office
6915 Crain Highway, Post Office Box 189
La Plata, MD 20646-0189

If you need additional information, please contact the Tow Program Coordinator via email:
towing@ccso.us

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Date of Application: _____

Type of application:	Level 1 (Consensual) (\$250)	Level 2 (Non-consensual and consensual) (\$500)
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1. Legal name and address of towing service:

Telephone Numbers: Day: _____ Night: _____

2. Name and address of owner/co-owner(s):

U.S. DOT Number: _____

3. Physical location of your business

A. Current Zoning: _____

B. Approved by Zoning for intended use: _____ Yes No
(Attach certified copy)

C. Date of Zoning approval: _____

Comments: _____

4. Physical location of any other storage lots, not at physical location of business (listed in #3) :

A. How many vehicles can be stored indoors? _____

B. Is outside storage fenced? _____

C. Do you agree to be available for the release of vehicles 24 hours a day / 7 days a week?
Yes No

D. Current Zoning: _____

E. Approved by Zoning for intended use: _____ Yes No

Comments: _____

5. Insurance information (please attach certified copies of all related insurance policies)

Business insured by:

A. Company: _____

B. Agent: _____

C. Agent's Telephone Number: _____

D. Policy Number: _____

E. Date policy expires: _____

F. Does insurance cover loss from or damage to vehicles towed as well as vehicles
stored at your storage facility? Yes No

G. Any additional information:

6. Leased buildings, structures, facilities or space:

A. Owner: _____

7. Leased buildings, structures, facilities or space insured by:

A. Company: _____

B. Policy Number: _____

**If any of the above information changes, you are responsible for notifying the Charles County Sheriff's Office
in writing within (30) days or your privileges may be suspended.**

8. How many tow trucks do you have available? _____

Make photocopies of this page as needed. There must be a single page for each piece of tow equipment used by your business:

Make: _____

Model: _____

Year: _____

VIN: _____

Tag: _____ State: _____

Vehicle Insurance Company: _____

Policy Number: _____

Type of tow truck:

Wrecker

Roll-back

Max weight of load:

Light
(>10,000 lbs)

Medium
(10,000 – 26,000 lbs)

Heavy
(<26,001)

Charles County Sheriff's Office Use ONLY

Inspection Date: _____ Inspecting Officer: _____ Truck #: _____

Permit #: _____ Date assigned: _____ Assigning Officer: _____

9. Drivers: **NOTE - All operators of the tow vehicles must be listed**
Use additional sheets if you have more than seven equipment drivers.

1	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

2	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

3	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

4	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

5	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

6	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

7	Full Legal Name:	
	Driver's License #:	State:
	Date of Birth:	
	Attached certified copy of driving record from state where license is issued	

I acknowledge that all information in this application is true and accurate to the best of my knowledge. I understand that misrepresentation or misinformation in this application may result in this application being denied or refused. I further recognize that the County Code requires I update certain information if there are any changes or any additions of vehicles and/or drivers.

Tow Company Name: _____

Owner's Full Name: _____

Owner's Signature: _____

Owner's Full Name: _____

Owner's Signature: _____

Payments will be made to the Charles County Treasurers Office. A copy of the receipt shall be attached to this form. The application and proof of payment will be submitted to the Charles County Sheriff's Office Tow Program Coordinator at 10435 Audie Lane, La Plata, Md 20646. Hours of operation are Monday - Friday 7am to 3pm excluding holidays. Questions may be submitted via email to towing@ccso.us.

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Date Application Received: _____

Received by: _____

Application for Tow Service Operating in Charles County, Maryland completion check-off page. This page is for the Tow Service to utilize to ensure completion of the application. The left column is for the Tow Service and the right column is for the Charles County Sheriff's Office.

Item	Tow Service	CCSO	Date
1. Legal name and address with 2 phone numbers			
2. Name and address of all owner(s)/co-owner(s)			
3. Physical location of business / certified current zoning			
4. Physical location of additional storage lots / certified current zoning			
5. Certified copies of business insurance policies			
6. Owner of leased buildings or property			
7. Certified copies of leased property and buildings insurance policies			
8. Vehicle information / certified copy of vehicle insurance (all vehicles)			
9. Certified copy of driving record for all drivers			
10. Signature page completed			