



Charles County Sheriff's Office



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:

**or
or**

**Hand delivered Monday-Friday 0800-1600 to:
After Hours: Use Mailbox by SOD Door**

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

Traffic Operations Unit
Charles County Sheriff's Office
10435 Audie Ln
La Plata, MD 20646

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

Date of Application: _____

☐ **NEW**

☐ **RENEWAL**

Type of Permit: Level 1 (Consensual - \$250)

Level 1- \$25 per truck, up to \$250

Level 2 (Non-Consensual/Consensual- \$500)

Level 2 - \$50 per truck, up to \$500

1. Legal name and address of towing service:

Telephone Numbers: Day: _____ Night: _____

Email Address: _____

U.S. DOT Number: _____

2. Physical location of your business:

3. Name, address, and phone number of owner/co-owner(s):

A. Current Zoning: _____

Approved by Zoning for intended use: ☐ Yes ☐ No

B. Date of Zoning Approval: _____

Comments: _____

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

5. Insurance information (please attach Certificate of Liability Insurance form Acord 25 and certified copies of all other 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 list the Charles County Sheriff's Office as a certificate holder and additional insured? (bottom left corner of Acord Form #25) ☐ Yes ☐ No

6. Certificate of good standings from Maryland Department of Taxation (please attach certified copy)

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. If any information is not provided, a permit will not be issued and Authorized Tow Service Program providers will be removed.

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

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

Make: _____

Model: _____

Year: _____

VIN: _____

Tag: _____ State: _____

Vehicle Insurance Company: _____

Policy Number: _____

Type of tow truck:	<input type="checkbox"/> Wrecker	<input type="checkbox"/> Roll-back	
Max weight of load:	<input type="checkbox"/> Light (>10,000 lbs.)	<input type="checkbox"/> Medium (10,000 – 26,000 lbs.)	<input type="checkbox"/> Heavy (<26,001 lbs.)

Make: _____

Model: _____

Year: _____

VIN: _____

Tag: _____ State: _____

Vehicle Insurance Company: _____

Policy Number: _____

Type of tow truck:	<input type="checkbox"/> Wrecker	<input type="checkbox"/> Roll-back	
Max weight of load:	<input type="checkbox"/> Light (>10,000 lbs.)	<input type="checkbox"/> Medium (10,000 – 26,000 lbs.)	<input type="checkbox"/> Heavy (<26,001 lbs.)

8. Drivers: All operators of the tow vehicles must be listed. **Operators added or removed throughout the year must be reported to the Tow Coordinator in writing within 10 business days. Use additional sheets if you have more than seven equipment drivers.**

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
1	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
2	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
3	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
4	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
5	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
6	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

New Driver: <input type="checkbox"/>		Current Driver: <input type="checkbox"/>	
7	Full Legal Name:		
	Driver's License #:		State:
	Date of Birth:		
	<input type="checkbox"/> Attached certified copy of driving record from issued state license, medical card, and DOT card		

9. **Attach** a copy of your towing service price sheet with your company logo, as directed by 287-25 Section (i) of the Charles County Tow Program. There shall be no changes made to the price list without first submitting a revised pricelist to the Tow Coordinator. This shall be posted at your business for customers to see.

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 recognize and understand all requirements and regulations under the Charles County Code for Towing Regulations. 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 Treasure's 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 PO Box 189, 10435 Audie Lane, La Plata, MD 20646. Applications or Questions may also be submitted via email to towing@ccso.us

Applications for Tow Service Operating in Charles County, Maryland completion check-off page. This page is for Tow Service to utilize to ensure completion of the application. The left column is 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 phone numbers			
2. Name, address, phone numbers 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 building or property			
7. Certified copies of leased property and business insurance policies.			
8. Certified copy of Certificate of good standings from Maryland Department of Taxation			
9. Vehicle Information / certified copy of vehicle insurance (all vehicles)			
10. Certified copy of driving record for all drivers			
11. Copy of Fee Schedule (Price List)			
12. Copy of receipt from county treasure			
13. Signature page completed			

Charles County Sheriff's Office Use ONLY

Date Application Received: _____

Received by: _____