

Towing Registration Application Form



**Fairfax County Department of Cable and Consumer Services
Regulation and Licensing Branch**

12000 Government Center Parkway, Suite 127

Fairfax, Virginia 22035-0047

703-324-5966 TTY 711 fax 703-653-7046

<http://www.fairfaxcounty.gov/consumer/licensing>
[dccb-ralb@fairfaxcounty.gov](mailto:dccs-ralb@fairfaxcounty.gov)

Registration #: _____
Approved By: _____
Approval Date: _____

Date of application: _____

Application Type: In County Storage - Registration Certificate

In and Out of County Storage - Locality Permit

* Permit fee: \$600 per storage lot, payable to County of Fairfax
Renewal fee: \$150, payable to County of Fairfax

Application Instructions: Complete all applicable blanks on this form. Submit along with copies of the following:

- Current business license (BPOL)
- Certificate of Liability Insurance. (Must show Fairfax County Regulation & Licensing Branch as Certificate Holder)
- Zoning permit for each storage site where towed vehicles are stored
- For tow operators who store at another operator's storage lot, a signed letter authorizing such storage from the owner of the storage yard is required.

Send all required documents to Regulation and Licensing Branch (RALB) by email, fax, in person or US Mail.

Principle Business Office

Company Name _____	Name of owner or CEO _____
Contact person _____	Position _____
Address _____	E-mail Address _____
City, State, and Zip _____	Telephone # _____
Telephone # _____	Fax # _____

How many tow trucks will you be operating for the purpose of trespass towing from locations in Fairfax County? _____

List all storage sites where trespass towed vehicles will be stored.

<u>Storage Site #1</u>	Your vehicle capacity _____	<u>Storage Site #2</u>	Your vehicle capacity _____
Name _____		Name _____	
Address _____		Address _____	
City, State, and Zip _____		City, State, and Zip _____	
Telephone # _____		Telephone # _____	
Zoning _____		Zoning _____	
	(District and Permit #)		(District and Permit #)

Towing Registration Application Form (continued)

Storage Site #3 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)

Storage Site #4 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)

Storage Site #5 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)

Storage Site #6 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)

Storage Site #7 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)

Storage Site #8 _____ Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Telephone # _____
Zoning _____
(District and Permit #)