

Trespass Tow Operator Permit 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

www.fairfaxcounty.gov/cableconsumer/csd/regulation-licensing/trespass-towing
consumer@fairfaxcounty.gov

Submission Date: _____

Approved by: _____ Approval Date: _____

Application Instructions:

- Complete all applicable blanks on this form.
- Submit a copy of your Fairfax County Business, Professional and Occupational License (BPOL).
- Submit proof of insurance, including provisions for notice by the insurance carrier to the Director prior to termination of such coverage.
- Submit a copy of the Non-Residential Use Permit (Zoning) for each storage site where towed cars are stored.
- Submit a copy of the valid Tow Truck Driver Registration issued by the Department of Criminal Justice Services (DCJS).
- Submit applicable permit and storage site inspection fees.

Main Office

Company Name	_____	Name of Owner or CEO	_____
Contact Person	_____	Position	_____
E-mail Address	_____	E-mail Address	_____
Address	_____	Address	_____
City, State, and Zip	_____	City, State, and Zip	_____
Phone Number	_____	Phone Number	_____

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

Storage Site Information

Storage Site #1 Your vehicle capacity _____

Name _____
Address _____
City, State, and Zip _____
Phone Number _____
Zoning _____

(District and Non-RUP #)

Storage Site #2 Your vehicle capacity _____

Name _____
Address _____
City, State, and Zip _____
Phone Number _____
Zoning _____

(District and Non-RUP #)

Trespass Tow Operator Permit Application Form (continued)

Storage Site #3 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)

Storage Site #4 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)

Storage Site #5 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)

Storage Site #6 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)

Storage Site #7 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)

Storage Site #8 Your vehicle capacity _____
Name _____
Address _____
City, State, and Zip _____
Phone Number _____

Zoning _____
(District and Non-RUP #)