

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 703-449-8659

<https://www.fairfaxcounty.gov/cableconsumer/csd/regulation-licensing/trespass-towing>

dccs-ralb@fairfaxcounty.gov

Registration Date: _____

Approved by: _____ Date: _____

Application Instructions:

- Complete all applicable blanks on this form.
- How many tow trucks will you be operating in Fairfax County? _____
- Obtain a copy of your BPOL
- Obtain a copy of the Non-RUP for each storage site.

Send the completed registration application form, a copy of your current BPOL and a copy of each storage site's Non-RUP to the Regulation and Licensing Branch (RALB) by email (preferred), fax, or US Mail.

Main Office

Company Name _____
Contact person _____
Address _____
City, State, and Zip _____
Phone _____

Name of owner or CEO _____
Position _____
e-mail _____
Phone _____

(List all storage sites used)

Storage Site #1 Your vehicle capacity _____

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

(District and Non-RUP #)

Storage Site #2 Your vehicle capacity _____

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

(District and Non-RUP #)

Towing Registration Application Form (continued)

Storage Site #3 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)

Storage Site #4 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)

Storage Site #5 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)

Storage Site #6 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)

Storage Site #7 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)

Storage Site #8 Your vehicle capacity _____

Name _____

Address _____

City, State, and Zip _____

Phone _____

Zoning _____

(District and Non-RUP #)