

**FY2025 (July 1, 2024 – June 30, 2025) ANNUAL LAW ENFORCEMENT  
TOW LIST INITIAL APPLICATION FORM & FEE INFORMATION**

All areas must be legibly completed to be considered for approval.

**Section 1: BUSINESS INFORMATION**

**DOT #**

**Business Name**

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**Business Office and Lot  
Address Information  
(must be located at  
same address)**

STREET ADDRESS		
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CITY	STATE	ZIP CODE
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BUSINESS PHONE - ANSWERED 24 HOURS/DAY & 7 DAYS/WEEK	YEARS /MONTHS IN BUSINESS
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EMAIL
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STORAGE LOT CAPACITY - APPROXIMATE NUMBER OF VEHICLES
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**Section 2: OWNERSHIP**

**To verify ownership, attach a copy of one of the following documents:  
Articles of Incorporation, Operating Agreement, or IRS K1 Tax Schedule**

**Owner's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
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STREET ADDRESS
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CITY	STATE	ZIP CODE
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PHONE	MANAGER'S NAME
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**Section 2: CO-OWNERSHIP IF APPLICABLE**

**Co-Owner's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
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STREET ADDRESS
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CITY	STATE	ZIP CODE
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PHONE	MANAGER'S NAME
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**Section 3: MANAGER**

**Manager's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
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DATE OF BIRTH	PHONE	YEARS TOWING
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STREET ADDRESS
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CITY	STATE	ZIP CODE
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DRIVER'S LICENSE #	STATE ISSUED
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### Section 4: DRIVERS

#### Driver's Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

#### Driver's Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

#### Driver's Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

#### Driver's Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

**Driver's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

**Driver's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

**Driver's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

**Driver's  
Information**

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PHONE	YEARS TOWING
STREET ADDRESS		
CITY	STATE	ZIP CODE
DRIVER'S LICENSE #		STATE ISSUED

If more space is needed to include additional drivers, please attach another form and check box.

**Section 5: ADDITIONAL SERVICES**

- Road Service (i.e., change flat tire, minor roadside repairs, etc)
- Road Service Agency Certified

List Agencies: \_\_\_\_\_

**Section 6: TOW TRUCKS**

- Check here to be on the tow list for heavy tows.
- If more space is needed to include additional trucks, please attach another form and check box.

**Note: Photocopies of Maryland MVA registrations for all tow trucks must be attached to application.**

YEAR	MAKE	TAG #	STATE	CLASS OF VEHICLE	11,000 LBS & UNDER	11,001 – 20,000 LBS	20,001 LBS & OVER

As owner of the tow company for which this application is being submitted, I agree that I have received, understand, and agree to ensure that our tow company staff abides by the requirements and fee schedule as listed in the Washington County Towing Handbook. Failure to follow these requirements and/or provide false information will result in penalties, to include suspension or exclusion from the Tow List, as determined by the Tow Board.

COMPLETED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
OWNER'S SIGNATURE

PRINTED NAME: \_\_\_\_\_  
OWNER'S PRINTED NAME

Return the completed application; photocopies of tow Maryland MVA registrations; proof of ownership; & accompanying application fee of \$200 [check or money order] payable to **Washington County Treasurer.**

Mail to TPC Andrea Allen, Emergency Communications, 16232 Elliott Parkway, Williamsport, MD 21795