

FY2022 ANNUAL LAW ENFORCEMENT TOW LIST 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		
CITY	STATE	ZIP CODE
BUSINESS PHONE - ANSWERED 24 HOURS/DAY & 7 DAYS/WEEK		YEARS /MONTHS IN BUSINESS
EMAIL		
STORAGE LOT CAPACITY - APPROXIMATE NUMBER OF VEHICLES		

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
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE	MANAGER'S NAME	

Section 2: CO-OWNERSHIP IF APPLICABLE

Co-Owner's
Information

FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE	MANAGER'S NAME	

Section 3: MANAGER

Manager'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

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

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

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

