

2019 LAW ENFORCEMENT TOW LIST APPLICATION

All areas in white must be completed. Please print legibly.

SECTION 1: BUSINESS INFORMATION				
Business Name:				
Business Office and Lot Address: (shall be located at the same address)	STREET		STATE	ZIP CODE
	CITY			
Business Phone:	()	Answered 24 hours/day, 7 days/week	Email:	
Capacity of Vehicle Storage Lot:	Approximate Number of Vehicles	Years in Business:	Number of Years in Industry	

SECTION 2: OWNERSHIP/ MANAGEMENT				
Owner's Name:	FIRST	MIDDLE	LAST	
Address:	STREET		STATE	ZIP CODE
	CITY			
Telephone:	()	Manager's Name:		

SECTION 3: AREA OF SERVICE	
<p>Check box for areas in which the business will perform services – black box (1st box) for light tows, blue box (2nd box) for heavy.* TOW TRUCKS MUST REACH THE SITE WITHIN 30 MINUTES OF BEING CONTACTED BY ECC. Failure to reach the site within the required time is a refusal, which may result in punitive action up to and including removal from the Tow List.</p>	
<input type="checkbox"/>	<input type="checkbox"/> Frederick City

SECTION 4: ADDITIONAL SERVICES	
<input type="checkbox"/>	Road Service _____ (i.e., change flat tire, minor roadside repairs, etc.)
<input type="checkbox"/>	Road Service Agency Certified (i.e., AAA, etc.) List Agencies:

SECTION 5: DRIVERS				
Driver's Name:	FIRST	MIDDLE	LAST	
Date of Birth:	/ /	Telephone:	()	Years in Towing:
Address:	STREET		STATE	ZIP CODE
	CITY			
Driver's License Number:				State Issued:
Driver's Name:	FIRST	MIDDLE	LAST	
Date of Birth:	/ /	Telephone:	()	Years in Towing:
Address:	STREET		STATE	ZIP CODE
	CITY			
Driver's License Number:				State Issued:
Driver's Name:	FIRST	MIDDLE	LAST	
Date of Birth:	/ /	Telephone:	()	Years in Towing:
Address:	STREET		STATE	ZIP CODE
	CITY			
Driver's License Number:				State Issued:
Driver's Name:	FIRST	MIDDLE	LAST	
Date of Birth:	/ /	Telephone:	()	Years in Towing:
Address:	STREET		STATE	ZIP CODE
	CITY			
Driver's License Number:				State Issued:

SECTION 5: DRIVERS (Continued)

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

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

SECTION 6: TOW TRUCKS

CHECK TO BE ON THE TOW LIST FOR HEAVY TOWS

YEAR	MAKE	TAG NO.	STATE	CLASS OF VEHICLE	Weight truck is capable of towing		
					11,000 Lbs. & Under	11,001 – 20,000 Lbs.	20,001 Lbs. & Over

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

COMPLETED BY: _____
Signature

PRINTED NAME: _____
PRINT LEGIBLY