



# Charles County Sheriff's Office

## APPLICATION for AUTHORIZED TOW SERVICE PROGRAM

This application must be completed in its entirety by the tow service requesting to participate in the Authorized Tow Service Program (ATSP) of the Charles County Sheriff's Office. It may be delivered to:

Traffic Operations Unit- Tow Coordinator  
Charles County Sheriff's Office  
10435 Audie Lane  
La Plata, MD 20646-0189

If you need additional information, please contact the Tow Coordinator via email: [towing@ccso.us](mailto:towing@ccso.us)

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Date of Application: \_\_\_\_\_

1. Legal name and address of towing service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. DOT Number: \_\_\_\_\_

Tow Service Telephone Numbers: Day: \_\_\_\_\_ Night: \_\_\_\_\_

2. Main Point of Contact (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Location of your storage lot: (physical address)

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Buildings, structures, facilities, or space:       Owned       Leased/Rental

A. Owner: \_\_\_\_\_

B. Current document showing agreement to use property for towing service:  Yes     No

C. Interior facility or Outdoor fenced lot capable of 20 vehicle storage?       Yes     No

D. Do you agree to be available for the release of vehicles Monday through Friday, 8:00 a.m. to 5:00 p.m., except federal holidays?       Yes       No

E. Do you agree to provide 24-hour tow service?       Yes       No

F. Current Charles County Tow Permit:       Yes       No

G. Current Zoning Permit: \_\_\_\_\_

Any additional information:

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4. How many tow trucks do you have available? \_\_\_\_\_

List them:

Tow Truck #:  1     2     3     4     5     6     7     8     9

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Tag: \_\_\_\_\_

Crane     Roll-back     Towing Light     Medium     Heavy

Tow Truck #:  1     2     3     4     5     6     7     8     9

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Tag: \_\_\_\_\_

Crane     Roll-back     Towing Light     Medium     Heavy

Tow Truck #:  1     2     3     4     5     6     7     8     9

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Tag: \_\_\_\_\_

Crane     Roll-back     Towing Light     Medium     Heavy

**Note:** All tow trucks must be listed. You may make xerox copies of this page as needed.

5. Drivers:

1.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

2.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

3.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

4.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

5.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

6.

- A. Name: \_\_\_\_\_
- B. MD Driver's License #: \_\_\_\_\_
- C. Date of Birth: \_\_\_\_\_

**NOTE :** All tow vehicle operators must be listed. You may make xerox copies of this page as needed.

6. Have you read and agree to all terms of the Authorized Tow Service Program Rules and Regulations (CCSO Form #397)?  Yes  No

7. Have you read and agree to the Authorized Tow Service Program Schedule of Fees for Service (CCSO Form #397A)?  Yes  No

IN WITNESS WHEREOF, the parties hereto have caused their names to be subscribed hereto by their duly authorized officers and representation this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Charles County Sheriff's Office, Charles County Maryland

By: \_\_\_\_\_  
Tow Service Provider

By: \_\_\_\_\_  
Traffic Operations Tow Coordinator

By: \_\_\_\_\_  
Traffic Operations Supervisor