

**MONTGOMERY COUNTY, MARYLAND  
OFFICE OF CONSUMER PROTECTION  
100 Maryland Avenue, Room 330  
Rockville, MD 20850  
Telephone (240) 777-3636 – Fax (240) 777-3768**

**APPLICATION FOR TOWING BUSINESS**

**Application for Certificate of Registration Towing Business**

**New License [ ]**

**Renewal License [ ]**

**Instructions**

1. To avoid delay in the processing of your application, please be sure that you have signed the application and answered every question clearly and completely.
2. Return the completed application and the license fee to the Office of Consumer Protection. Make checks payable to Montgomery County, Maryland.
3. Any changes in the firm's ownership, or other information affecting the validity of this license, must be submitted in writing to the Auto Repair/Towing Licensing Unit within (10) days of the change with all pertinent details.
4. If you are a corporation, your corporation must be registered in Maryland, and you must provide us the name, address and telephone number of the Resident Agent.

**A.. CORPORATION**

**Name of Corporation** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (if different from business address) \_\_\_\_\_

**Resident Agent** (in Maryland) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No \_\_\_\_\_

**President** \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_

**Vice-President** \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_

**B. SOLE PROPRIETOR OR PARTNERSHIP**

**Owner's Full Name** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Mailing Address (if different from business address) \_\_\_\_\_

Home Address \_\_\_\_\_

Evening Phone No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Partner's Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Has the individual, firm, or corporation ever had a Certificate of Registration or license to engage in the Business, occupation, profession or trade of repairing or maintaining motor vehicles and motor vehicle equipment, or towing, suspended or revoked in any jurisdiction? **Yes** [ ☐ ] **No** [ ☐ ] If your answer is yes, please explain on a separate sheet.

**List Tag Numbers for each Vehicle**

[1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_ [4] \_\_\_\_\_ [5] \_\_\_\_\_ [6] \_\_\_\_\_

[7] \_\_\_\_\_ [8] \_\_\_\_\_ [9] \_\_\_\_\_ [10] \_\_\_\_\_ [11] \_\_\_\_\_ [12] \_\_\_\_\_

**ADDRESS (ES) AND TELEPHONE NUMBER(S) OF YOUR STORAGE FACILITIES**

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

## LICENSE FEES FOR TOWING

| TOWING                  | LICENSING FEE |
|-------------------------|---------------|
| 1 - 5 Tow Trucks        | \$138.00      |
| 6 - 10 Tow Trucks       | \$219.00      |
| 11 - or More Tow Trucks | \$299.00      |

### C. CERTIFICATION.

I (we) certify the following:

(1) That each driver of a towing vehicle will be 18 years of age or older, and possess a valid license to operate a towing vehicle.

(2) That I (we) carry, **in addition to that which the state requires**, a minimum of twenty-five thousand dollars (\$25,000) of insurance coverage for losses sustained by any consumer as a result of damage to his vehicle while that vehicle is in the custody and control of the licensee during towing transport and storage of the automobile by the licensee. (3) That a copy of my current insurance binder, showing the name, address and telephone number of my insurance company, insurance agent, the policy number, and the amount of coverage afforded under this policy, is attached to this application and that I (we) will provide the Office of Consumer Protection with similar information if this insurance information or coverage changes. Montgomery County Office of Consumer Protection must be listed as a Certificate Holder on the Certificate.

D. **I HEREBY CERTIFY:** I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or the revocation of any license that may be issue. By signing this application, I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

\_\_\_\_\_  
Print Name Individual or Corporate Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### ONLY FOR OFFICIAL USE

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Registration No. \_\_\_\_\_ Check No. \_\_\_\_\_ License Fee \$ \_\_\_\_\_

Date Issued \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Date Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Towing Application