



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

**Attention: TOW TRUCK DRIVER REGISTRATION**

P.O. Box 1300, Richmond, VA 23218 • Phone: (804) 367-0714 • Fax: (804) 367-0718

[www.dcis.virginia.gov/pss/towing](http://www.dcis.virginia.gov/pss/towing)

**Tow Truck Driver – RENEWAL LICENSE APPLICATION – FEE \$137.00**

**Important Information**

- Use this application when applying to renew a current valid driver's authorization document. Submit this form and required documents 45 days in advance of the current license expiration.
- Complete this application in its entirety, including attaching a completed fingerprint card (no copies and must bear a current date) for a Federal criminal background check (Card No. FD-258). **DO NOT LEAVE ANY BLANKS. Processing will be delayed for incomplete application and/or missing fingerprint card.**
- Please print or type all answers, do not use pencil, make sure application is signed and dated, and retain a copy for your records.
- Additional information may be requested after receipt of and review of the application and any attachments.
- Include a contact phone number where you can be easily reached.
- All fees are nonrefundable.** Enclose a check or money order made payable to the "Treasurer of Virginia" in the amount of \$137.00. You may also pay by credit card as provided in this application.
- Mail the completed application, fingerprint card for a Federal criminal background check (Card No. FD-258), and \$137 payment to the Department of Criminal Justice Services, ATTN: Tow Truck Driver Registration, PO Box 1300, Richmond, VA 23218.

**APPLICANT INFORMATION**

Board Issued Driver's Authorization Document (DAD) Number: DAD-		Expiration Date:	
1. Social Security Number (SSN):		Date of Birth (example: 01/01/1970)	
2. Name as it appears on Board of Towing and Recovery Operator current DAD (Please Print):			
3. Has the name as listed on the Board DAD changed, or need to be changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation supporting the name change including the date of the change.			
4. Mailing Address (Street/Apt.#/PO Box):			
City:		State:	Zip Code:
5. Please provide a current email address:			
6. Phone: ( )		Cellular Phone: ( )	Fax: ( )
7. Do you have a current valid unrestricted driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , what state issued the current valid driver's license? State: _____ If your valid driver's license is restricted, suspended or revoked, you must notify DCJS in writing immediately.			
8. Since issuance of your last DAD, have you been found guilty of or convicted of any misdemeanor or felony criminal offense in any state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , attach a certified copy of the applicable warrant(s) or sentencing order(s). <b>NOTE:</b> If you have been convicted or found guilty of any misdemeanor or felony after issuance of your registration, you must notify DCJS in writing within five business days of being convicted or found guilty of any criminal offense, including any offense for which you are required to register as a sex offender under any state, federal or local law, or the law of any foreign country.			
9. Do you acknowledge and understand the requirement to report any convictions in any court or jurisdiction to DCJS in writing after issuance of your registration, and to report the restriction, suspension or revocation of a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTE:</b> If <b>NO</b> is selected for Question 9, then <b>the application cannot be processed.</b>			

**CERTIFICATION BY APPLICANT**

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with the *Code of Virginia*, and specifically, Code Section 46.2-116, et seq. I certify that I am not currently on any state or federal list as a sex offender, and am not required to register as a sex offender under any state, federal, or local law, or the law of any foreign country.

Print Full Name:

Signature Required:

Date:

mm/dd/yy

**APPLICATION FEES DUE**

Total Application Fee Due (DCJS - \$100, Effective January 1, 2013)

\$100.00

Total Criminal Background Check Fee Due

*A completed fingerprint card for a Federal Criminal Background Check (Card No. FD-258) must be attached. Photocopies cannot be processed.*

\$37.00

**TOTAL APPLICATION AND BACKGROUND CHECK FEES DUE**

\$137.00

**PAYMENT OPTIONS**

1. Nonrefundable fee by check or money order payable to the "Treasurer of Virginia" in the amount of **\$137.00**

2. Credit Card: This section is to be used for **CREDIT CARD PAYMENTS ONLY**. If you elect this form of payment, fill out all of the information required. Your application will be returned to you if you fail to complete this section in its entirety. If the fee is not calculated properly, the cardholder authorizes DCJS to adjust the total fee due (including overages and shortages). Fees are nonrefundable.

Credit Card Type:  MasterCard  Visa  American Express  Discover

Credit Card Number:

Payment Amount: \$137.00

Card Expiration Date (month and year):

Card Verification Code:

(Last three numbers on the back of a Master Card/Visa/Discovery or four numbers found on front of American Express)

Cardholder Name (Print):

Cardholder Address:

(As shown on credit card statement including Street or PO Box number)

(As shown on credit card statement including City, State, and Zip Code)

Cardholder Signature:

## CHECKLIST OF ITEMS TO INCLUDE

- Check or money order payable to the "Treasurer of Virginia" in the amount of \$137. (\$100 Application Fee and \$37 Background Check Fee)
- A contact phone number where you can be easily reached.
- Answer all questions and ensure that you have signed and dated this application.
- Attach a completed fingerprint card for a Federal criminal background check (Card No. FD-258). Ensure that your name, address, signature, date of birth, sex, race, height, weight, eye color, hair color, and place of birth has been completed. **Incomplete fingerprint cards cannot be processed, and will be returned to the applicant for completion.** Make sure that the law enforcement officer who fingerprints you (the applicant) has dated and signed the fingerprint card.
- Mail to: Department of Criminal Justice Services, Attention: Tow Truck Driver Registration  
P.O. Box 1300, Richmond, VA 23218