



**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) 786-6344

[www.dcjs.virginia.gov](http://www.dcjs.virginia.gov)

**Tow Truck Driver – REGISTRATION APPLICATION – FEE \$137.00**

Check here for INITIAL APPLICATION

Check here for RENEWAL APPLICATION

**Important Information for INITIAL APPLICANTS**

Use this application to apply for an initial tow truck driver authorization document registration. If you were previously registered to drive a tow truck and the registration expired, you must apply as an initial applicant.

Processing Time – Approximately **60** days to process a completed application.

Please do not fold or bend the fingerprint card, and ensure that the card has not been hole-punched.

**Important Information for RENEWAL APPLICANTS**

Use this application when renewing a current valid tow truck driver authorization document registration.

Processing Time – Submit this form and required documents **60** days in advance of the current registration expiration, and no sooner than 90 days prior to the expiration date. *A tow truck registration that has expired cannot be renewed.*

Please do not fold or bend the fingerprint card, and ensure that the card has not been hole-punched.

- a. Complete this application in its entirety, including attaching a completed fingerprint card (FD-258) for a Federal criminal history check, and attaching any required documents. The fingerprint card must be an original (no copies) and must be dated by the law enforcement officer that conducted the printing within 90 days of application. **DO NOT LEAVE ANY BLANKS. Processing will be delayed for incomplete application and/or missing fingerprint card. Please do not fold or bend the fingerprint card, and ensure that the card has not been hole-punched.**
- b. Fingerprinting must be conducted by a law enforcement official at either your local law enforcement agency, the Virginia State Police, or local correctional facility (if they provide this service) on Fingerprint Card No. FD-258.
- c. Legibly print or type all answers, do not use pencil, make sure application is signed and dated, and retain a copy for your records.
- d. Additional information may be requested after receipt of and review of the application and any attachments. Ensure that you provide a contact phone number where you can be easily reached.
- e. **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.
- f. Mail the completed application, fingerprint card for a Federal criminal background check (FD-258), and \$137 payment to the Virginia Department of Criminal Justice Services, ATTN: Tow Truck Driver Registration, PO Box 1300, Richmond, VA 23218. For other carriers, our physical address is 1100 Bank Street, 9<sup>th</sup> Floor, Richmond, VA 23219.

**APPLICANT INFORMATION**

Driver's Authorization Document (DAD) Number, if Renewing:  
 DAD-

Expiration Date, If Renewing:

Full Legal Name (No Initials):

(First Name)

(Middle Name)

(Last Name)

(Suffix)

Date of Birth:

Social Security Number:

1. **If renewing** Has the name as listed on your DAD changed, or need to be changed?

Yes

No

*If yes, attach documentation supporting the name change including the date of the change.*

2. Current Mailing Address  
 (Street/Apt.#/PO Box):

City:

State:

Zip Code:

3. Current email address:

4. Home Phone: (     )	Cellular Phone: (     )	Fax: (     )
5. Do you have a current unrestricted driver license <input type="checkbox"/> Yes <input type="checkbox"/> No What state issued the current valid driver's license?     State: _____ <i>If approved and your valid driver's license is restricted, suspended or revoked, you must notify DCJS in writing immediately. If you have a restricted driver's license, please provide a copy of the court documents reflecting the restrictions that you are under and documentation that you required by law to carry on your person while driving a motor vehicle.</i>		
6. <b><i>For renewals</i></b> 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: 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 ten 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.</b>		
7. 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: If NO is selected for Question 7, then <i>this application cannot be processed.</i></b>		
8. Please complete the following for your current employer, and update DCJS within ten business days in writing of any change in your employment. Name of Employer: _____ Physical Address of Employer: (Street/Apt.#/PO Box): _____ City: _____ State: _____ Zip Code: _____ Office Phone: (     )     _____ Fax: (     )     _____		
If not currently employed, please notify DCJS in writing when you gain employment that includes your full name and the above referenced employment information, and for any change in employers.		

**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
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**APPLICATION FEES DUE**

Total Application Fee Due	\$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. The fingerprint card must be an original (no copies) and must be dated by the law enforcement officer that conducted the printing within 90 days of application.	\$ 37.00
<b>TOTAL NONREFUNDABLE APPLICATION AND BACKGROUND CHECK FEES DUE</b>	<b>\$137.00</b>

## PAYMENT OPTIONS

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

Mail to: Virginia Department of Criminal Justice Services,  
Attention: Tow Truck Driver Registration, PO Box 1300, Richmond, VA 23218

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 Phone #: ( )

Cardholder Signature:

## CHECKLIST OF ITEMS TO INCLUDE

- Check or money order payable to the "Treasurer of Virginia" in the amount of \$137.00  
(*\$100 Application Fee and \$37 Background Check Fee*)
- A contact phone number where you can be easily reached.
- Answer all questions and make sure 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 have 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 within 90 days of your application submission. Submit an original fingerprint card as photocopies cannot be processed. ***Please do not fold or bend the fingerprint card.***
- Mail to: Virginia Department of Criminal Justice Services  
Attention: Tow Truck Driver Registration  
P.O. Box 1300, Richmond, VA 23218

## NOTICE

It takes approximately 60 days to process a completed application. Renewal applications should be submitted 60 days in advance of the expiration date of the current registration, but no sooner than 90 days before the registration expires.

Section 46.2-116.D. of the *Code of Virginia* provides that any tow truck driver failing to register with the Department is guilty of a Class 3 misdemeanor. It further provides that such registration shall be in his possession of the tow truck driver whenever driving a tow truck.

Submission of an application does not provide authority to drive a tow truck.

If your address changes after approval and issuance of your registration, you are required to complete the Tow Truck Driver Change of Address Form and submit that to the DCJS within 30 days of the address change.