



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
 PO Box 1300 • Richmond, VA 23218
 Phone: (804) 786-4700 • Fax: (804) 786-6344
www.dcjs.virginia.gov

Want to EXPEDITE your application?
 — SUBMIT ONLINE —
 Online Regulatory Licensing System
www.dcjs.virginia.gov/online

Tow Truck Driver – REGISTRATION APPLICATION – FEE \$112.00

IMPORTANT INFORMATION

You will need to schedule an appointment to be fingerprinted for your Criminal History records check. Please visit <https://fieldprintvirginia.com> or call 877-614-4364. **You will need to use Fieldprint Code FPVADOCJTDD.** DCJS will automatically be notified of updates related to the process.

Type of Application (Select one)

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application
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Applicant Information

SSN or DCJS ID Number:		Date of Birth (<i>Initial Applications Only</i>):		
Last Name:		First Name:		MI:
Mailing Address (Street/Apt.#):			City, State, Zip:	
Email Address:				
Home Phone: ()		Business Phone: ()		Fax: ()

Employment Information

NOTE: If not currently employed or change employers, please notify DCJS in writing when you gain employment that includes your full name and the below referenced employment information.

Business Name:		DBA/Trading As Name:		
Business Physical Address:			City, State, Zip:	
Email Address:				
Business Phone: ()		Fax: ()		

Eligibility Determination – Please answer each question

1. Do you have a current valid unrestricted driver's license?
 Yes – State of Issuance: Expiration Date: Customer Identifier:
 No **If NO, you are not eligible**

2. 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?
 Yes No **If NO, you are not eligible**

Affirmation

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.

Print Name: _____

Signature Required: _____ Date: _____
mm/dd/yy

All fees are non-refundable. Forms received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA, **or** pay by credit card using the Credit Card Authorization form available on our website. This form must be included with your form package when paying by credit card.

We do not accept cash.