

MARYLAND TRANSPORTATION AUTHORITY
APPLICATION TO PROVIDE
TOWING, ROAD SERVICE AND VEHICLE STORAGE

Permit application for the following Facilities:

Facility: _____ Zone: _____

Facility: _____ Zone: _____

Facility: _____ Zone: _____

1. NAME OF COMPANY: _____

2. BUSINESS ADDRESS: _____

3. BUSINESS TELEPHONE NUMBER:

DAY: () _____ NIGHT: () _____

4. OWNERS: (If more than two please add attachments)

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

5. OWNERSHIP STATUS: (Please check appropriate box)

() Corporation () Partnership () Sole Proprietorship

6. RESPONSIBLE AGENT/MANAGER:

Full Name: _____ Phone: _____

Home Address: _____

7. INSURANCE INFORMATION:

Carrier: _____

Agent: _____

Address: _____

Policy Number (s): _____

If available, attach Certificate of Insurance demonstrating the levels of coverage specified in COMAR 11.07.03.18. Such Certificate of Insurance must be provided within (10) days of issuance of a permit.

8. INSURANCE INFORMATION:

	Yes	No
Waiting Room	___	___
Public Telephone	___	___
Toilet Facilities	___	___
(If no, please explain by attachment)		

9. GARAGE REPAIR SERVICE:

Address (if different from #2): _____

Days/hour attended: _____

10. STORAGE AREA:

Address (if different from #2): _____

Days/hours attended: _____

Approximate size: _____

	Yes	No
Fenced	___	___
Illuminated	___	___

10A. Is the business premises, including storage area in conformance with all federal, state and local laws and regulations? Yes _____ No _____

11. For all persons employed by your company who will perform services under this permit, please list, by attachment, their full names, addresses, drivers license numbers with the class of the license and the expiration date. Photocopies of drivers' licenses will be acceptable. Include all full-time, part-time and contractual employees.

12. EXPERIENCE

Year Company was formed: _____

Years of experience providing commercial towing services: _____

Other names or addresses used by company: _____

13. Please complete the following list regarding vehicles to be used in the performance of services under this permit, including year, make, model, size, registration number and VIN number. State whether each vehicle is owned or leased. If owned, provide a copy of the vehicle title and registration. If leased, provide a copy of the registration and also provide the name and address of the Leasers and a copy of the lease.

COMAR 11.07.03.07C(1)(a). Two heavy-duty tow trucks, one of which shall have a minimum 40-ton crane and one shall have a 25-ton hydraulic crane, and both trucks shall have minimum heavy-duty hydraulic wheel lift with a lifting rating of 25,000 pounds, and capable of towing 80,000 pounds gross vehicle weight.

VEHICLE (1)(a):

Year/Make/Model/Size/Registration Number/VIN/Owned vs. Leased:

COMAR 11.07.03.07C(1)(b). One tow truck that has a manufacturer's gross vehicle rating of 14,000 pounds or more, with a hydraulic crane and a hydraulic wheel lift capable of lifting a least 3,000 pounds, and capable of towing at least 7,500 pounds.

VEHICLE (1)(b):

Year/Make/Model/Size/Registration Number/VIN/Owned vs. Leased:

COMAR 11.07.03.07C(1)(c): One rollback truck that has a manufacturer's gross vehicle rating of 14,000 pounds or more, and is capable of carrying passenger vehicles.

VEHICLE (1)(c):

Year/Make/Model/Size/Registration Number/VIN/Owned vs. Leased:

Please list all other applicable recovery equipment by attachment.

14. Please list road service organizations for which your company provides towing and/or road service:

	<u>Name</u>	<u>Telephone Number</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____

CERTIFICATION

I certify that the information provided on this application is true.

I also certify that the vehicles listed in the response to item 13 above, are fully equipped as specified in **COMAR 11.07.03.07C**, except as follows (list vehicle and equipment deficiencies, if any: _____).

I further certify that except as noted above, _____ [Insert Company Name] meets the general requirements for a permit as set forth in **COMAR 11.07.03.07 – Experience and equipment**, and **COMAR 11.07.03.08 - Equipment Operators and Facilities**.

*** Note: Under the Amended Regulation .07 and .08 to COMAR 11.07.03, the requirements for Experience / Equipment and Equipment Operators / Facilities have changed. (See Permit Site Inspection Form for new requirements, attached.)**

In accordance with COMAR 11.07.03.03C, if the towing company is incorporated, I further certify the following;

- (a) Is registered in accordance with the Corporations and Associations Article;
- (b) Is in good standing and has filed all the annual reports and filing fees with the State Department of Assessment and Taxation;
- (c) Has filed with the State Department of Assessment and Taxation the name and address of its resident agent;
- (d) Has paid, or has arranged for payment of, all taxes due to the State, except those which have been validly contested;
- (e) Has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessment and Taxation, and the State Department of Labor, Licensing, and Regulations, as applicable; and
- (f) Has paid all withholding taxes due the State.

I understand that in order to be processed, a **\$500.00** non-refundable application fee must accompany this application.

I understand and agree to allow the Maryland Transportation Authority Police or a designated representative, to inspect the applicants place(s) of business and equipment before the issuance of a permit and at any time during the permit period, to insure compliance with all the requirements of **COMAR 11.07.03**.

I understand that each permittee is subject to an annual inspection by the Maryland Transportation Authority Police or its agent, which shall include inspection of both the equipment and the premises of the permittee for compliance with the requirements (equipment) of these regulations. If the permittee fails to pass the inspection, the permittee may be suspended or revoked.

I understand that the term of this permit is 5-years, and may be renewed in accordance with these regulations. If a zone becomes vacant during the 5-year term, a new permit will be issued for the balance of the remaining period.

I further understand that a willful misstatement on the application or willful effort to conceal information material to the performance of this permit is sufficient grounds for the Maryland Transportation Authority to refuse or revoke the permit.

I agree to notify the individual designated by the Maryland Transportation Authority Police or his/her designee within 72 hours of any changes, deletions or additions to the information files on this application.

WITNESS/ATTEST:

Signature

Company Name

Title

Applications are to be filed with the Maryland Transportation Authority Police, Commercial Vehicle Safety Unit, 15 Turnpike Drive, Perryville, MD 21093, Attention: Lieutenant Kevin Ayd by close of business at 4:30 p.m. on Friday, May 6, 2016.