



**Commonwealth of Virginia
Board of Towing and Recovery Operators
c/o Department of Motor Vehicles
Post Office Box 27412
Richmond, VA 23269-0001**

Web Page: www.btro.vi.virginia.gov Telephone No. (804) 367-0714

RENEWAL APPLICATION FOR TOW TRUCK DRIVER AUTHORIZATION DOCUMENT ("DAD")

General Instructions

- a. Use this application when applying to renew a current valid driver's authorization document or one that expired within the last two months.
- b. Complete the application in its entirety, including attaching a completed fingerprint card (no copies and must bear a current date) for a Federal criminal background check. **DO NOT LEAVE ANY BLANKS. Incomplete applications and not providing a completed fingerprint card will delay the processing.**
- c. Please print or type all answers, and do not use pencil, ensure application is signed and dated, and retain a copy for your records.
- d. Enclose a non-refundable check or money order made payable to the "Treasurer of Virginia". The Board issued authorization number should be written on the check or money order. You may also pay by credit card as provided in the application.
- e. Additional information may be requested after receipt of and review of the application and any attachments.
- f. Ensure that a contact number has been provided where the applicant can be easily reached.
- g. Mail the completed application to the **Board of Towing and Recovery Operators c/o Department of Motor Vehicles, Post Office Box 27412, Richmond, VA 23269-0001.**

Current BTRO Driver's Authorization Document Number DAD- _____ Expiration Date: _____

Name Appearing on Current DAD: _____

- | | Yes | No |
|--|-------------|----------------|
| 1. Has the name as listed on your current authorization changed, or need to be amended?
<i>If yes, attach documentation supporting the name change including the date of the change.</i> | _____ | _____ |
| 2. Current Mailing Address: | | |
| Street/PO Box _____ | | |
| City _____ | State _____ | Zip Code _____ |
| 3. Please provide a current email address. _____ | | |
| 4. Telephone Number: (____) _____ Facsimile Number: (____) _____ | | |
| Cellular Number: (____) _____ | | |
| 5. Do you have a current valid drivers license?
<i>If yes, what state issued the current valid drivers license? _____</i>
<i>If your valid drivers license is suspended or revoked, you are required to notify the Board immediately in writing.</i> | _____ | _____ |
| 6. Since issuance of your last authorization, have you been found guilty of or convicted of any misdemeanor or felony criminal offense in any state or jurisdiction?
<i>If yes, attach a certified copy of the applicable warrant(s) or sentencing order(s).</i>
<i>NOTE: If you have been convicted or found guilty of any misdemeanor or felony after issuance of your authorization, you must notify the Board 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.</i> | _____ | _____ |
| 7. Do you acknowledge and understand the requirement to report any convictions in any court or jurisdiction to the Board after issuance of your authorization, and to report the suspension or revocation of a valid drivers license?
<i>NOTE: If no is selected for Question No. 7, then the application cannot be processed.</i> | _____ | _____ |

Certification by Applicant

I, the undersigned, hereby certify that the statements and answers set forth in this application are true, and I have not suppressed any information that may affect the Board's decision to approve this application. I also certify that I understand, and have complied with, all the laws of the Commonwealth of Virginia related to towing and recovery licensure under the provisions of Title 46.2, Chapter 28 of the Code of Virginia, and the Board of Towing and Recovery Operators General Regulations for Towing and Recovery Operators, 24 VAC 27-30. 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.

Applicant Name _____
Print Full Name

Applicant Signature _____

Date: _____

Calculation of Fees Due

Total Application Fee Due **\$50.00**

Total Criminal Background Check Fee Due - A completed fingerprint card for a Federal Criminal Background Check must be attached. Photocopies cannot be processed. **37.00**

TOTAL APPLICATION AND BACKGROUND CHECK FEES DUE WITH TIMELY FILED RENEWAL APPLICATION POSTMARKED OR RECEIVED BEFORE THE CURRENT AUTHORIZATION EXPIRES **\$87.00**

Late Filing Penalty Instructions

Late Filing Penalty - If applicable, for Authorizations that have expired within the past two months if postmarked within this time period. **25.00**

TOTAL APPLICATION, BACKGROUND CHECK FEE, AND LATE FILING PENALTY DUE WITH APPLICATION **\$112.00**

NOTE: Renewal applications postmarked or received within two months of their last expiration date are eligible for renewal. Applications submitted later than two months after expiration must complete and submit an Initial Application for a Driver Authorization Document. Please review the last issued authorization document for the expiration date..

Payment Options

1. Enclosed is a check or money order made payable to the "Treasurer of Virginia" in the amount of \$_____.
2. Credit Card - This section is to be used for CREDIT CARD PAYMENTS ONLY. If you elect this form of payment, complete this section in its entirety. Failure to complete this section in its entirety will result in the return of the application. If the fee is not calculated properly, the cardholder authorizes the Board to adjust the total fee due (including overages and shortages).

Credit Card Type _____
MasterCard, Visa, American Express or Discover

Credit Card No.

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Payment Amount: \$ _____ 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: _____