



Office of Consumer Protection

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TOWING GARAGE REGISTRATION APPLICATION

To be completed annually for renewals to ensure up to date information on garages for all towing businesses. Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. **False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.**

PART I. LICENSE INFORMATION

License Number: _____ Business Name: _____

License Holder's Full Name: _____

Phone: (_____) _____ - _____ Business Email: _____@_____.com

Note: Email address must be legible, accurate and regularly monitored as it will be used to create your online profile, and you will receive important notifications regarding your license via this email.

PART II. GARAGE INFORMATION

List address where towed vehicles are to be stored & complete additional fields:

ADDRESS	MAX # OF VEHICLES STORED	REGULAR BUSINESS HOURS

Use Additional Sheets if Necessary

If updating your garage information mid renewal period, attach the completed application and email to CPLCAL@co.rockland.ny.us or upload it directly to your [self service portal](#).

I hereby submit my garage registration in accordance with the above provisions and request that the above garage information provided be updated with my license.

Signature

Date