

## Motor Vehicle Wreckers and Registered Tow Truck Operators Fence Variance Application

You can use this form to request a fence variance. This form must be signed both by you and by a Washington State Patrol officer. When completed, send to:

Dealer Services Department of Licensing PO Box 9039 Olympia, WA 98507-9039

| Business name  |             |                        |
|--|-------------|------------------------|
| Business address   |             |                        |
| City   | State       | ZIP code               |
| Relating to  |             |                        |
| The secure area of a registered tow truck operator. RCW 46.55.060(5) and WAC 308-61-026(2)   |             |                        |
| ☐ The sight-obscuring fence of a vehicle wrecker. RCW 46.80.130 and WAC 308-63-070(1)(e)   |             |                        |
| Request  Please grant a variance for the (describe by direction)   | side of n   | ny fanca sinaa Lam nat |
| Please grant a variance for the (describe by direction) side of my fence, since I am not able to comply with the fencing requirements for the following reasons. Attach additional pages if necessary.   |             |                        |
| able to comply with the following requirements for the following reasons. Attach additional pages if necessary.  |             |                        |
|  |             |                        |
| ×  |             |                        |
| Applicant signature  |             | Date                   |
| Zoning official use only   |             |                        |
| Zoning official recommendation   |             |                        |
| ☐ Approved   |             |                        |
| □ Disapproved  |             |                        |
| Comment on the request and any limitations you would recommend. Attach additional pages if necessary.  |             |                        |
|  |             |                        |
|  |             |                        |
| X  |             |                        |
| Zoning official signature  |             | Date                   |
| Law enforcement use only   |             |                        |
| Law enforcement recommendation (requires photos, diagrams, etc.)   |             |                        |
| Approved   |             |                        |
| □ Disapproved  |             |                        |
| Comment on the request and any limitations you would recommend. Attach additional pages if necessary.  |             |                        |
|  |             |                        |
|  |             |                        |
| X  |             |                        |
| WSP officer signature  |             | Date                   |
| Department use only  |             |                        |
| Department of Licensing determination  Approved  Disconstruction any time the circumstance of the circumst | ho annlican | t changes              |
| ☐ Disapproved. Subject to reconsideration any time the circumstance of the applicant changes.  |             |                        |
| Comments:  |             |                        |
|  |             |                        |
|  |             |                        |
| X  |             |                        |
| Administrator signature  |             | Date                   |