

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