



**ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331**

VEHICLE IMMOBILIZATION COMPANY 20____ RENEWAL APPLICATION

RENEWAL FEE: \$500.00

1. **Legal name of business:** _____

2. **Trade name of business:** _____

3. **Business Address:** _____
Street Address

City State Zip Code

Business Phone #: (_____) _____

4. **Full name of owner:** _____
First Middle Last

Owner's Address: _____
Street Address

City State Zip Code

Home Phone #: (_____) _____ **Cellular Phone #:** (_____) _____

E-mail Address: _____

Race: _____ **Sex:** _____ **DOB:** _____ **SS#:** _____

5. Have you been convicted of any law? YES NO

Check all that apply:

Federal Foreign Country State Law City Ordinance

If YES, provide date and explanation: _____

6. Do you have any violation(s) of the law pending? YES NO

If YES, provide date and explanation: _____

7. Number of vehicle immobilization operators currently employed by company. _____

8. Did Applicant attach a copy of all vehicle immobilization contracts? YES NO

9. Did applicant attach a copy of insurance and registration for all company vehicles? YES NO

CERTIFICATION

THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM ALSO CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED, APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE ADDRESS.

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____.

NOTARY PUBLIC

VEHICLE IMMOBILIZATION EMPLOYEES

#	NAME	SOCIAL SECURITY NUMBER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

I certify that the above listed person(s) are employed as Vehicle Immobilization Operators with the booting company listed on page 1.

Owner's Signature

Date

OFFICIAL OFFICE USE ONLY	
INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
APPLICATION STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE: _____	

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize CITY OF ATLANTA
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing below I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my tenure as agent, independent contractor, or member of this establishment.

Signature

Date