



# Vehicle Immobilization Operator Information Sheet

1. **Two Original Applications**      Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.
2. **Personal History Form**      Complete one Personal History form.
3. **Employment Verification Letter**      Letter from the vehicle immobilization company verifying applicants employment. Letter must be written on company's letterhead.
4. **Insurance**      Insurance declaration, insurance card, and current registration. **Applicants name MUST be on the insurance policy unless using company vehicle.**  
(Original forms only, no photocopies will be accepted.)
5. **Photograph**      Two (2) small photos, size 2X2
6. **Letter of Reference**      May be furnished by any three (3) persons who have known the applicant for at least three (3) years. The person(s) providing the reference letter must include their name, address, & phone number.
7. **Fees**      Application Fee: \$25.00  
Fingerprint Fee: \$20.00  
Permit Fee: \$50.00

**NOTE: Payment for fees will be accepted only in the form of a cashier's check or money order. You will need to have three separate money orders or cashier's checks in the amounts listed above. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.**

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



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

**APPLICATION FOR VEHICLE IMMOBILIZATION OPERATOR**

1. **Applicant Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Race:** \_\_\_\_\_ **Sex:**  Male  Female
  
2. **Address:** \_\_\_\_\_  
**Home Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular Telephone # (\_\_\_\_) \_\_\_\_\_**
  
3. **Name of company employed by:** \_\_\_\_\_
  
4. **Company Address:** \_\_\_\_\_  
**Company Telephone # :(\_\_\_\_) \_\_\_\_\_**
  
5. **Make and model of vehicle being used: Make/Model:** \_\_\_\_\_  
**VIN #:** \_\_\_\_\_ **(Provide current registration for vehicle)**
  
6. **Driver License #:** \_\_\_\_\_ **Year of Vehicle:** \_\_\_\_\_
  
7. **Name of insurance company with liability insurance coverage:** \_\_\_\_\_  
**(Provide current insurance card)**

8. Does the applicant's vehicle have current insurance coverage?  YES  NO  
**(Provide declaration page from policy)**

9. Have you ever had a vehicle immobilization operator permit denied or revoked?  YES  NO

If YES, provide date and explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If YES, provide date and explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you read and fully understand the City of Atlanta ordinances, state laws, and regulations governing the operation of an vehicle immobilization operator?  YES  NO

13. Do you agree to abide by such ordinances, laws, and regulations?  YES  NO

**OFFICIAL OFFICE USE ONLY**

INVESTIGATOR/INSPECTOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

APPLICATION STATUS:  APPROVED  DENIED DATE: \_\_\_\_\_

I, \_\_\_\_\_, BEING DULY SWORN ACCORDING TO LAW, DO  
SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING  
ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRAUDULENT STATEMENTS ARE  
MADE HEREIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE  
GRANTING OF SUCH PERMIT.

I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS  
UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME  
WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS  
APPLICATION.

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY



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

**APPLICATION FOR VEHICLE IMMOBILIZATION OPERATOR**

1. **Applicant Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Race:** \_\_\_\_\_ **Sex:**  Male  Female
  
2. **Address:** \_\_\_\_\_  
  
**Home Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular Telephone # (\_\_\_\_) \_\_\_\_\_**
  
3. **Name of company employed by:** \_\_\_\_\_
  
4. **Company Address:** \_\_\_\_\_  
**Company Telephone # :(\_\_\_\_) \_\_\_\_\_**
  
5. **Make and model of vehicle being used: Make/Model:** \_\_\_\_\_  
**VIN #:** \_\_\_\_\_ **(Provide current registration for vehicle)**
  
6. **Driver License #:** \_\_\_\_\_ **Year of Vehicle:** \_\_\_\_\_
  
7. **Name of insurance company with liability insurance coverage:** \_\_\_\_\_  
**(Provide current insurance card)**

8. Does the applicant's vehicle have current insurance coverage?  YES  NO  
(Provide declaration page from policy)

9. Have you ever had a vehicle immobilization operator permit denied or revoked?  YES  NO

If YES, provide date and explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If YES, provide date and explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you read and fully understand the City of Atlanta ordinances, state laws, and regulations governing the operation of an vehicle immobilization operator?  YES  NO

13. Do you agree to abide by such ordinances, laws, and regulations?  YES  NO

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

APPLICATION STATUS:  APPROVED  DENIED DATE: \_\_\_\_\_

I, \_\_\_\_\_, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS APPLICATION.

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY FORM

Permit Type: \_\_\_\_\_ Date: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been convicted of any law? [ ] YES [ ] NO

Check all that apply:

[ ] Federal [ ] Foreign Country [ ] State Law [ ] City Ordinance

If YES, provide explanation: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? [ ] Yes [ ] No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90.

(SIGNATURE)



**VEHICLE INFORMATION**

No.	Year	Make	Model	Color	Vin	Insurance Company	Policy Number
1.							
2.							
3.							
4.							

**EMPLOYEE INFORMATION**

No.	Employee Name	Driver's License #	Authorized to Operate Company Car Yes/No
1.			
2.			
3.			
4.			
5.			
6.			
7.			

I, \_\_\_\_\_, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and  
Nationality Act with an alien number issued by the Department of Homeland Security or other  
federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration  
agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at  
least one secure and verifiable document, as required by O.C.G.A.

§ 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully  
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a  
violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**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.

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Full Name (print)

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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