



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

**VEHICLE IMMOBILIZATION OPERATOR
20__ RENEWAL**

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 been convicted of any law? YES NO

Check all that apply:

Federal Foreign Country State Law City Ordinance

If YES, provide date and explanation: _____

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

If YES, provide date and explanation: _____

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

NOTE: A LETTER REQUESTING YOUR EMPLOYMENT FROM THE VEHICLE IMMOBLIZATION COMPANY MUST ACCOMPANY THIS APPLICATION.

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 HEARBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS
UNIT TO TECEOVE 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

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

**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