ATLANTA POLICE DEPARTMENT
3493 Donald Lee Parkway
Atlanta, Georgia 30331

BONDSPERSON 20_____ RENEWAL APPLICATION
RENEWAL FEE: $250.00

1.   **Applicant Name:** _____

       Date of Birth: _____   **Social Security #:** _____

       Race: _____   **Sex:** ☐ **Male**   ☐ **Female**

2.   **Address:** _____

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

       E-mail Address: _____

3.   **Name of company employed by:** _____

4.   **Company Address:** _____

       Company Telephone # :(_____) _____

5.   **Have you ever had a Bondsperson permit denied or revoked?**   ☐ **YES**   ☐ **NO**

       If YES, please provide the date and an explanation: _____

       _____

       _____

6.   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: _____

_____

_____

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

If YES, provide date and explanation: _____

_____

_____

8.   Are you familiar with the City of Atlanta ordinances, state laws, and regulations governing the operation of Bondspersons   ☐ YES   ☐ NO

9.   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: _____

A LETTER REQUESTING YOUR EMPLOYMENT FROM THE BONDING COMPANY MUST ACCOMPANY THIS APPLICATION.

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 FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE 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**

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20____

_____
     NOTARY PUBLIC

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:

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