



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)**
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(Provide current insurance card)

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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.

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