

**CITY OF ATLANTA POLICE DEPARTMENT  
VEHICLE IMMOBILIZATION OPERATOR  
INFORMATION SHEET**

Applications must be signed, dated, notarized and filed in the License & Permits Unit. This department is located at the City of Atlanta Police Annex, 3493 Donald Lee Hollowell Pkwy, Atlanta, Georgia 30331.

1. **Duplicate Applications**                      **Answer all questions appropriately and in detail, legibly, in black ink and typed.**
  
2. **Personal History Form**                      **One personal history form, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation *and* the license/agent) must be filled out completely , signed and fingerprinted.**
  
3. **Lease of Valid Document**                      **Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent.**
  
4. **Photograph**                                      **Two (2) small photos, size 2X2**
  
5. **Corporate Papers**                              **Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.**
  
6. **Letter of Reference**                              **May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.**
  
7. **Financial Investments**                              **All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).**

If there are any questions concerning the completion of these applications, please call the License and Permits Office for assistance **(404) 546-4470**. Call for an appointment for filing the application(s). Applications are taken by appointment only. **Note: Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable.**



SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT  
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT  
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* **All non-citizens must provide their Alien Registration Number below.**

**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 Code Section 16-10-20 of the Official Code of Georgia.**

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\*

\_\_\_\_\_

Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



**ATLANTA**

**POLICE DEPARTMENT**

3493 Donald Lee Hollowell Pkwy

Atlanta, Georgia 30331

**APPLICATION FOR VEHICLE IMMOBILIZATION OPERATOR**

1. APPLICANT NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_
3. DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_\_
4. NAME OF COMPANY EMPLOYED BY: \_\_\_\_\_
5. COMPANY ADDRESS: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_
6. MAKE AND MODEL OF VEHICLE USED: \_\_\_\_\_ VIN #: \_\_\_\_\_  
(PROVIDE CURRENT REGISTRATION FOR VEHICLE)
7. APPLICANT DRIVER LICENSE #: \_\_\_\_\_ YEAR OF VEHICLE: \_\_\_\_\_
8. NAME OF INSURANCE COMPANY WITH LIABILITY INSURANCE COVERAGE: \_\_\_\_\_  
(PROVIDE CURRENT INSURANCE CARD)
9. DOES APPLICANT(S) VEHICLE HAVE CURRENT ISSUANCE COVERAGE: ( ) YES ( ) NO  
(PROVIDE DECLARATION PAGE FROM POLICY)
10. HAVE YOU EVER HAD A VEHICLE IMMOBILIZATION OPERATOR PERMIT DENIED OR REVOKED?  
( ) YES ( ) NO
11. IF YES, GIVE DATE AND EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. HAVE YOU BEEN CONVICTED OF ANY LAW? FEDERAL: \_\_\_\_\_ FOREIGN COUNTRY: \_\_\_\_\_  
STATE LAW: \_\_\_\_\_ CITY ORDINANCE: \_\_\_\_\_ IF YES, GIVE EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. DOES APPLICANT HAVE ANY VIOLATION(S) OF THE LAW PENDING? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. ARE YOU FAMILIAR WITH THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS  
GOVERNING THE OPERATION OF AN VEHICLE IMMOBILIZATION OPERATOR? ( ) YES ( ) NO
15. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS? ( ) YES ( ) NO

INVESTIGATOR/INSPECTOR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

STATUS OF APPLICATION: \_\_\_\_\_

**A LETTER REQUESTING YOUR EMPLOYMENT FROM THE VEHICLE IMMOBILIZATION SERVICES 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 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