

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

VEHICLE IMMOBILIZATION OPERATOR
20 _____ RENEWAL

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 BEEN CONVICTED OF ANY LAW? FEDERAL:** _____ **FOREIGN COUNTRY:** _____
STATE LAW: _____ **CITY ORDINANCE:** _____ **IF YES, GIVE EXPLANATION:** _____

11. **DOES APPLICANT HAVE ANY VIOLATION(S) OF THE LAW PENDING?** _____

12. **DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS?** () YES () NO

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