



Application for Vehicle Immobilization Operator

Name: _____
 Last First Middle

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

DOB: _____ Race: _____ Sex: _____ Social Security #: _____

Driver's License Number: _____ State: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

What company will you be employed by?

Company Name: _____

Company Address: _____

Have you ever had a vehicle immobilization operator permit denied or revoked? Yes No

If YES, please give date and full explanation: _____

HAVE YOU EVER BEEN **CONVICTED** OF ANY VIOLATIONS OF

	YES	NO	IF YOU ANSWERED YES TO ANY OF THE FOUR CATEGORIES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING DAE, JURISDICTION, OFFENSE, AND DISPOSITION.
FEDERAL LAW(S)	<input type="checkbox"/>	<input type="checkbox"/>	
STATE LAW(S)	<input type="checkbox"/>	<input type="checkbox"/>	
COUNTY ORDINANCE(S)	<input type="checkbox"/>	<input type="checkbox"/>	
CITY ORDINANCE(S)	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have **ANY** violations of the law pending? If yes, please explain: _____

Are you familiar with the City of Riverdale ordinances regulating Vehicle Immobilization? Yes No

A LETTER REQUESTING YOUR EMPLOYMENT FROM THE VEHICLE IMMOBILIZATION SERVICES MUST ACCOMPANY THIS APPLICATION.

SIGNATURE: _____ DATE: _____

INVESTIGATOR: _____ PERMIT #: _____ DATE: _____

PLEASE READ CAREFULLY

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 FASLE OR FRAUDULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT. I HEREBY AUTHORIZE THE RIVERDALE 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. I ALSO STATE THAT I HAVE READ AND UNDERSTAND THE CITY ORDINANCES GOVERNING VEHICLE IMMOBILIZATION.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ YEAR _____

NOTARY PUBLIC
My Commission Expires: _____

APPLICANTS SIGNATURE

SIGNATURE AND TELEPHONE NUMBER OF PERSON
OTHER THAN APPLICANT FILLING OUT THIS APPLICATION

Riverdale Police Department
6690 Church Street
Riverdale, GA 30274
(770) 997-8989
www.riverdalega.gov