



APPLICATION FOR TOWING OR VEHICLE IMMOBILIZATION OPERATOR'S PERMIT

BIRMINGHAM POLICE DEPARTMENT BUSINESS COMPLIANCE CENTER - CITY HALL, 1ST FLOOR
710 20TH ST N, BIRMINGHAM, AL 35203 - 205-837-2394, 8AM-5PM



CITY OF BIRMINGHAM ORDINANCE #23-118

A list of all employees who will participate in towing or vehicle immobilization must be provided and kept current with the Birmingham Police Department (BPD). You must notify BPD of employment changes.

Full Name: _____ **Date of Birth:** _____

Driver's License Number: _____

Name of towing or immobilization service the applicant expects to work for (if known):

Current physical address (PO Box is not acceptable):

Street _____

City _____ State _____ Zip Code _____

Email: _____ **Phone number:** _____

List any previous licenses driver, chauffeur, or vehicle immobilization operator held by the applicant. If any such license was revoked, give date revoked and cause for revocation:
(Please attach additional sheet, if necessary)

License Held/Jurisdiction	Revoked? (Y or N)	Date	Cause
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant or any of the above-named partners/officers been convicted of any crime, offense, including traffic violations, within the five years immediately prior to this application?

- Yes
- No

If "Yes", provide the following information: (please attach additional sheet, if necessary)



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Crime/Offense	Date Convicted	Place of Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this applicant able to read, write and speak English and familiar with the monetary system of the United States?

- Yes
- No

A STATE CRIMINAL BACKGROUND CHECK IS REQUIRED FOR ALL BUSINESS OWNERS AND OPERATORS. THIS MUST BE REQUESTED THROUGH THE STATE BUREAU OF INVESTIGATION'S ONLINE APPLICATION. SEE APPLICANT CHECKLIST FOR FURTHER INSTRUCTIONS.

INCLUDE RECEIPT OF APPLICABLE FEES WITH APPLICATION, SEE ATTACHED FEE SHEET

I hereby authorize the investigation of all statements contained in this application. I do hereby swear and certify that all information provided is true and correct to the best of my knowledge, and I understand that my license will be revoked without recourse if any are found to be false.

Print Name: _____

Signature: _____

Title: _____

Date: _____