Los Angeles Police Commission – Commission Investigation Division
100 West 1st Street, Los Angeles, CA 90012 . (213) 996-1210

TOW UNIT OPERATOR – APPLICATION FOR POLICE PERMIT

ACCOUNT NO: _____ PC NO: _____

Applicant's Full Name: _____
(Your full name as it appears on your CDL or ID)

Business Name: _____

Business Address: _____
(Number, Street, Apartment, Unit, Suite)

City: _____ State: _____ Zip Code: _____

Business No: _____

Home Address: _____
(Number, Street, Apartment, Unit, Suite)

City: _____ State: _____ Zip Code: _____

Contact No: _____

California Driver's License or California Identification Number: _____ State: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen: Yes No

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant's History

Have you ever applied for a Police Permit or a similar permit which resulted in denial, suspension or revocation? Yes No

If yes, please explain: _____

Have you been arrested for for a crime, which resulted in a conviction? Yes No

If you answered "YES," please list any and all arrests and convictions:

Date: _____ City: _____ State: _____

Charge: _____ Disposition: _____

Date: _____ City: _____ State: _____

Charge: _____ Disposition: _____

*** *READ REVERSE BEFORE SIGNING* ***

I declare under the penalty of perjury, under the laws of the State of California, that all information contained in this Application for Police Permit and any accompanying documents is true and correct, with full knowledge. I understand that by signing this form, I am subject to investigation and any false, misleading or incomplete information can result in the disqualification, denial or subsequent revocation of any and all Los Angeles Police Commission issued police permits.

Do not sign until instructed to do so

Print Name: _____

Applicant's Signature: _____ Date: _____

Witnessing Deputy City Clerk or Notary Public

Deputy City Clerk's Signature: _____ Date: _____

Place Applicant Photo Here

ATTENTION: *PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby acknowledge, declare, and agree to the following:

EFFECT OF GRANTING PERMIT

LAMC 103.30 STATES THAT THE GRANTING OF A POLICE PERMIT BY THE Board is not to be considered as approving or condoning any act, conduct or condition of the applicant permittee committed or existing prior to the grant of the permit. The granting of a permit by the Board does not:

(a) Relieve the applicant/permittee from obtaining all appropriate permits or approvals required by the City of Los Angeles, or state or federal law;
(b) Relieve an applicant/permittee from compliance with all applicable local, state, and federal laws, including those related to building zoning, fire, and other public safety regulations;
(c) Vest any development rights in the property or business; or
(d) Relieve the permittee from complying with conditions imposed upon the operation of a business pursuant to a discretionary land use permit or a nuisance abatement proceeding. In case of a conflict, the more restrictive conditions shall control.

RESPONSITILITY TO KNOW LAWS AND REGULATIONS

I am responsible for being familiar with and complying with the rules and regulations related to my police permit and application, including Chapter X and other sections of the Los Angeles Municipal Code such as those for zoning and business taxes. Copies of the municipal code and General Divisions for police regulated activities may be obtained from the following location and/or website:

City Clerk's office
200 North Spring Street, Room 360

or

https://www.lacity.org/government/government-information/city-charter-rules-and-codes

- Municipal Codes
- Chapter X
- Article 3

The Police Commission will begin investigation processes immediately after a complete application is submitted and fees are paid. Once the process has commenced, there will be no refunds. Should there be any issues with a language barrier, proper translations will be sought so that all information contained in the application and any related documents will be fully understood.

WHAT YOU NEED TO SUBMIT:

- Police Commission Application (P685)
- Live Scan
- Copy of Driver's License
- Employer Letter
- 2 x 2 Passport Photo

Please note applications will only be accepted if all the above-mentioned items are complete and ready to be submitted. Also, applications will not be accepted if varying personal or residence information is discovered. A valid California Driver's License containing current information must be presented at the time of application submission.

For additional questions, please call the Los Angeles Police Commission, Police Permits Section at (213) 996-1210.

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

FOLLOW INSTRUCTIONS BELOW

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT

Job Title or Type of License, Certification or Permit: ********** → POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency:

LAPD (CAPDLOS ANGELES)
Agency authorized to receive criminal history information

14923 ← LAPD has many codes. Use this.
Mail Code (five digit code assigned by DOJ)

700 E. TEMPLE ST. STE B22
Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

LOS ANGELES CA 91351
City State Zip Code

(213) 996-1210
Contact Telephone No.

ENTER INFORMATION FOR 1 – 11b Live Scan Operator: Be sure to enter all items.

Name of Applicant: 1
(please print) Last First MI

Alias: 2
Last First 5

Driver's License No. 3

Date of Birth: 4 Sex: ☐ Male ☐ Female

Misc. No. BIL- N/A
Agency Billing Number

Height: 6 Weight: 7

Misc No:

Eye Color: 8 Hair Color: 9

Home Address: 11a
Street or P.O. Box

Place of Birth: 10

11b
City, State and Zip Code

SOC: ***DO NOT ENTER SOCIAL SECURITY***

MAKE TWO COPIES. GO TO LIVE SCAN CENTER.

Your Number: TRC#
OCA No. (Agency Identifying No.)

Level of Service [X] DOJ [ ] FBI

If resubmission, list Original ATI No.:

Employer: (Additional response for agencies specified by statute)

Employer Name

DO NOT USE THIS SECTION

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed

LAPD 02/2016

GIVE COPIES OF FORM:
ORIGINAL-Live Scan Operator; **SECOND COPY-SEND TO LAPD;** THIRD COPY-Keep
BCII-8016 (Rev 04/01)