



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY RECORD

Type of Business: _____ Date: _____

Print Full Name: _____ Aliases: _____

Address: _____ Phone number: _____

Place of Birth (City & State): _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Driver's License/ID #: _____ State: _____

Race: _____ Gender: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

List business name and address of employers for the past (3) years: _____

Marital Status: _____ Spouse's Name: _____

Applicant Signature: _____

Fingerprinted by: _____ Date: _____

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CRIMINAL HISTORY CONSENT

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 in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O.C.G.A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes or () No
() Federal Law () State Law () City Ordinance () Foreign Country

Date of Occurrence: _____ City: _____ State: _____

Violation/charge(s): _____ Disposition: _____

I DO HEREBY SWEAR OR AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER THE PENALTY OF CITY ORDINANCE 106-90.

SIGNATURE