NEW ORLEANS POLICE DEPARTMENT
2015 TOWING ALLOCATION SYSTEM APPLICATION

TOWING COMPANY NAME: _____

- ADDITIONAL DRIVER / OPERATOR PAGE -

Driver # ____

NAME: _____ **RACE:** _____ **SEX:** _____ **D.O.B.:** _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

LOUISIANA DRIVER'S LICENSE NUMBER: _____ **CLASS:** _____

SOCIAL SECURITY NUMBER: _____

RECORD CHECKED BY: _____ **DATE:** _____

APPROVED / DISAPPROVED: _____

Driver # ____

NAME: _____ **RACE:** _____ **SEX:** _____ **D.O.B.:** _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

LOUISIANA DRIVER'S LICENSE NUMBER: _____ **CLASS:** _____

SOCIAL SECURITY NUMBER: _____

RECORD CHECKED BY: _____ **DATE:** _____

APPROVED / DISAPPROVED: _____

Driver # ____

NAME: _____ **RACE:** _____ **SEX:** _____ **D.O.B.:** _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

LOUISIANA DRIVER'S LICENSE NUMBER: _____ **CLASS:** _____

SOCIAL SECURITY NUMBER: _____

RECORD CHECKED BY: _____ **DATE:** _____

APPROVED / DISAPPROVED: _____

PLEASE ATTACH **LEGIBLE** PHOTO-COPY OF DRVER'S LICENSE FOR EACH OPERATOR

IN ACCORDANCE WITH TITLE 55:1909 SEC D-2, ALL EMPLOYEES WILL BE SUBJECT TO CRIMINAL RECORDS CHECKS AND DRIVER'S LICENSE VERIFICATION

NO DRIVER IS AUTHORIZED TO HANDLE N.O.P.D. CALLS UNTIL THE TOWING AND RECOVERY UNIT HAVE CERTIFIED THEM