

# Los Angeles Police Commission – Commission Investigation Division 100 West 1<sup>st</sup> Street, Los Angeles, CA 90012 · (213) 996-1210

MASSACE DISSINES	SS OUT-CALL – APPLICATION	FOD DOLLCE	DEDMIT
	O:		
Applicant's Full Name:	(Your full name as it appears on your CDL or ID)		
	(Your full name as it appears on your CDL or ID)		
Home Address:			
City:		State:	Zip Code:
Contact No:			
California Driver's License or California Identification Number:			State:
Date of Birth:	Hair Color:		Eye Color:
Gender:	Height:		Weight:
Applicant's History			
If you answered "YES," ple	a crime resulting in a conviction? ease list any and all arrests and convictions		
	City: D		State:
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	*** READ REVERSE BEF		
Permit and any accompanying on nvestigation and any false, mis	perjury, under the laws of the State of Californi documents is true and correct, with full knowled sleading or incomplete information can result i assion issued police permits. Refer to the most	edge. I understand that n the disqualification, o	t by signing this form, I am subject to denial or subsequent revocation of any and
Do not sign until instructed to d	la sa		
	.0 s0		Place
			Applicant
		Date:	Photo
Vitnessing Deputy City Clerk or		-	Here
		Date:	
Rev - 03/2024			

#### 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
- Proof of current CAMTC certification (Card and Certificate)
- Copy of Driver's License
- Fee: \$ 116.00, subject to change

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\*\*\*

Agency authorized to receive criminal history information 700 E. TEMPLE ST. STE B22  Street No. Street or P.O. Box LOS ANGELES CA 91351 City State Zip Code Contact Name (Mandatory for all school st. (213) 996-1210  Contact Name (Mandatory for all school st. (213) 996-1210  Contact Telephone No.  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it  Name of Applicant:  (please print) Last First 5  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: Hair Color: Home Address:  Place of Birth: 10 City, State and Zip Code  ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.***		
APD (CAPDLOS ANGELES)  Agency authorized to receive criminal history information 700 E. TEMPLE ST. STE B22  Street No. Street or P.O. Box LOS ANGELES CA 91351 City State Zip Code Contact Telephone No.  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it  Name of Applicant: (please print) Last First MI  Alias:  Alias:  Last First Mi  Driver's License No.  Last First Mi  Driver's License No.  Misc. No. BIL- Agency Billing Number  Height:  Weight:  Eye Color:  Home Address:  Street or P.O. Box  Tity  TRC# OCA No. (Agency Identifying No.)  If resubmission, list Original ATI No.  Employer: (Additional response for agencies specified by statute)  ***DO NOT USE THIS SECT	PERMIT	
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Street No. Street or P.O. Box LOS ANGELES CA 91351 City State Zip Code Contact Name (Mandatory for all school st (213) 996-1210  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it  Name of Applicant: (please print)  Alias:  Last First MI  Alias:  Driver's License No.  Last First Misc. No. BIL- Last First Misc. No. BIL- Height:  Weight:  Weight:  Weight:  Hair Color:  Home Address:  Weight:  City, State and Zip Code  ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.***  Your Number:  TRC#  OCA No. (Agency Identifying No.)  Employer: (Additional response for agencies specified by statute)  ***DO NOT USE THIS SECT	14923 <b>←</b> LAPD has many codes. Use this.	
Street No. Street or P.O. Box LOS ANGELES CA 91351 City State Zip Code Contact Telephone No.  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it Name of Applicant: (please print) Last First MI  Alias: Last First S Date of Birth: Sex: Male Female Misc. No. BIL-Misc. No. BIL-Misc. No.  Height: Weight: Misc. No.  Eye Color: Hair Color: Home Address:  Place of Birth: Misc. No.  Eye Color: Third Social Security***  ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.**  Your Number: TRC# OCA No. (Agency Identifying No.)  Employer: (Additional response for agencies specified by statute)  ***DO NOT USE THIS SECT	Mail Code (five digit code assigned by DOJ)	
LOS ANGELES CA 91351 City State Zip Code Contact Telephone No.  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it Name of Applicant: (please print) Last First MI  Alias: Last First Male Female Misc. No. BIL- Date of Birth: Sex: Male Female Misc. No. BIL- Height: Weight: Misc No:  Eye Color: Hair Color: Home Address:  Street or P.O. Box  First Street or P.O. Box  Tib  City, State and Zip Code  ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.***  Your Number: TRC# OCA No. (Agency Identifying No.)  If resubmission, list Original ATI No.  Employer: (Additional response for agencies specified by statute)  ***DO NOT USE THIS SECT		
City State Zip Code Contact Telephone No.  ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it  Name of Applicant: [1]  (please print) Last First MI  Alias: [2] Driver's License No. [3]  Last First Mi  Driver's License No. [3]  Last First Mi  Agency Billing Number Misc. No. BIL-MA  Agency Billing Number Misc No:  Eye Color: Hair Color: Home Address: Street or P.O. Box  Place of Birth: [10] Street or P.O. Box  First Misc No:  Eye Color: Home Address: Street or P.O. Box  City, State and Zip Code  ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.***  Your Number: TRC# Level of Service X DOJ  If resubmission, list Original ATI No.  Employer: (Additional response for agencies specified by statute)  ***DO NOT USE THIS SECT	Contact Name (Mandatory for all school submissions)	
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APD 02/2016	.cca, Dilica	

**GIVE COPIES OF FORM:** 

ORIGINAL-Live Scan Operator; BCII 8016 (Rev 04/01)

SECOND COPY-SEND TO LAPD;

THIRD COPY-Keep