

Rev - 03/2024

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

VALET PARKING A	ATTENDANT – APPLICATION F	OR POLICE P	F.R.MIT
VALET TARRING E	HILIDANI - AII LICATION FO	OK I OLICE I I	
ACCOUNT NO:		PC N	NO:
.pplicant's Full Name:			
ppheant s run Name	(Your full name as it appears on your CDL or ID)		
usiness Name:			
usiness Address:			
ity:	(Number, Street, Apartment, Unit, Suite)	State:	Zip Code:
usiness No:			
ome Address:			
ity:	(Number, Street, Apartment, Unit, Suite)	State:	Zip Code:
alifornia Driver's License o	or California Identification Number:		State:
ate of Birth:			Eye Color:
ender:			Weight:
Tave you ever applied for yes, please explain:	a Police Permit or a similar permit which re		-
Tave you ever applied for yes, please explain:		Yes No	-
Tave you ever applied for yes, please explain: Tave you been arrested for You answered "YES," p	or a crime resulting in a conviction?	Yes No :	
ave you ever applied for yes, please explain: ave you been arrested for you answered "YES," p	or a crime resulting in a conviction? lease list any and all arrests and convictions City:	Yes No :	
Tave you ever applied for yes, please explain: Tave you been arrested for you answered "YES," plate:	or a crime resulting in a conviction? lease list any and all arrests and convictions City:	Yes No : sposition:	State:
Tave you ever applied for Tyes, please explain: Tave you been arrested for Tyou answered "YES," plate: tharge:	or a crime resulting in a conviction? lease list any and all arrests and convictions City: Di City:	Yes No : sposition:	State:
Iave you ever applied for f yes, please explain:	or a crime resulting in a conviction? lease list any and all arrests and convictions City: Di City: Di *** READ REVERSE BEFO f perjury, under the laws of the State of California and documents is true and correct, with full knowled insleading or incomplete information can result in	Yes No : sposition: sposition: PRE SIGNING * , that all information dge. I understand that the disqualification,	State: State: State: State: State: It is a subject to denial or subsequent revocation of any and any any and any any any and any any and any any any and any any any and any any any and any
f yes, please explain: Iave you been arrested for you answered "YES," poate: Charge: Charge: declare under the penalty of the permit and any accompanying the property and any false, result of the penalty of the	or a crime resulting in a conviction? lease list any and all arrests and convictions City: Di City: Di *** READ REVERSE BEFO f perjury, under the laws of the State of California and documents is true and correct, with full knowle misleading or incomplete information can result in mission issued police permits. Refer to the most under the laws of the state of the most under the laws of the state of the most under the laws of the state of the most under the laws of the state of the most under the laws of the state of the laws of the la	Yes No: sposition: sposition: sposition: pRE SIGNING * that all information dge. I understand that the disqualification, updated fee schedule for the schedule for the disqualification.	State: State: State: State: State: It is a subject to denial or subsequent revocation of any and any any and any any any and any any and any any any and any any any and any any any and any
Have you ever applied for f yes, please explain:	or a crime resulting in a conviction? lease list any and all arrests and convictions City: City: Di *** READ REVERSE BEFO f perjury, under the laws of the State of California and documents is true and correct, with full knowled insistence in the most unission issued police permits. Refer to the most units and correct.	Yes No : sposition: sposition: PRE SIGNING * I, that all information dge. I understand that the disqualification, updated fee schedule is	State: State: State: State: Place Applicant
Iave you ever applied for f yes, please explain:	or a crime resulting in a conviction? lease list any and all arrests and convictions City: City: Di *** READ REVERSE BEFO f perjury, under the laws of the State of California and documents is true and correct, with full knowled insleading or incomplete information can result in mission issued police permits. Refer to the most use of the state of of	Yes No: sposition: sposition: sposition: pRE SIGNING * that all information dge. I understand that the disqualification, updated fee schedule for the schedule for the disqualification.	State: State: State: State: Place Applicant
fave you ever applied for yes, please explain:	or a crime resulting in a conviction? lease list any and all arrests and convictions City: Di City: Di *** READ REVERSE BEFO f perjury, under the laws of the State of California ag documents is true and correct, with full knowled insleading or incomplete information can result in mission issued police permits. Refer to the most under the laws of the state of the most under the laws of the state of the most under the laws of the state of the laws of the laws of the laws of the state of the laws of the state of the laws of the law	Yes No : sposition: sposition: PRE SIGNING * I, that all information dge. I understand that the disqualification, updated fee schedule is	State: State: State: State: Place Applicant

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
- Live Scan
- Copy of Driver's License
- 2 x 2 Passport Photo
- Fee: \$ 89.00, 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. To submit your application, please email all items listed above to permitapplications@lapd.online.

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	
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 ***ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all it Name of Applicant: (please print) Last First Date of Birth: Weight: Weig		
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 ← 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- Height: Weight: Misc No: Eye Color: Hair Color: Home Address: Place of Birth: Misc No: Eye Color: TRC# 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.) Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT	J)	
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)	
ENTER INFORMATION FOR 1 – 11b Live Scan Operator: Be sure to enter all it Name of Applicant: please print) Last First Date of Birth: Weight: Wisc. No. BIL- N/A Agency Billing Number Street or P.O. Box With City, State and Zip Code Weight: Weigh	<u> </u>	
Name of Applicant: please print) Last First Driver's License No. Last Driver's License No. Last Driver's License No. Last Driver's License No. Last Driver's License No. Misc. No. BIL- Agency Billing Number Misc. No. Home Address: Street or P.O. Box The Address: Street or P.O. Box The Address: Street or P.O. Box The Address: Street or P.O. Box Level of Service TRC# OCA No. (Agency Identifying No.) Tresubmission, list Original ATI No. Comployer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT	oma	
please print) Last First Driver's License No. Last First Date of Birth: Driver's License No. Misc. No. BIL- Agency Billing Number Bye Color: Hair Color: Hair Color: Home Address: City, State and Zip Code Weight: TRC# OCA No. (Agency Identifying No.) TRC# OCA No. (Agency Identifying No.) City Statute) Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT	ems.	
Alias: 2 Last First 5 Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A Agency Billing Number Bye Color: Hair Color: Home Address: Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Cour Number: TRC# OCA No. (Agency Identifying No.) Gresubmission, list Original ATI No. City DO NOT USE THIS SECT		
Last First 5 Oate of Birth: 4 Sex: Male Female Misc. No. BIL- Height: 5 Weight: 7 Misc No: Hair Color: Home Address: Place of Birth: 10 Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.** ***OCA No. (Agency Identifying No.) f resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Last First 5 Oate of Birth: 4 Sex: Male Female Misc. No. BIL- Height: 5 Weight: 7 Misc No: Hair Color: Home Address: Place of Birth: 10 Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.** ***OCA No. (Agency Identifying No.) f resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Date of Birth: 4 Sex: Male Female Misc. No. BIL- Agency Billing Number Agency Billing Number Misc No: Height: 6 Weight: 7 Misc No: Home Address: Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Cour Number: TRC# Level of Service X DOJ f resubmission, list Original ATI No. Comployer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Agency Billing Number Agency Billing Number Agency Billing Number Home Address: By Color: Home Address: City, State and Zip Code City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Cour Number: TRC# OCA No. (Agency Identifying No.) f resubmission, list Original ATI No. Comployer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Misc No: Hair Color: Hair Color: Home Address: Street or P.O. Box	<u> </u>	
Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Cour Number: TRC# Level of Service X DOJ f resubmission, list Original ATI No. Comployer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Street or P.O. Box City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Cour Number: TRC# Level of Service X DOJ Gresubmission, list Original ATI No. Comployer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
City, State and Zip Code ***MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*** Tour Number: TRC# Level of Service X DOJ OCA No. (Agency Identifying No.) f resubmission, list Original ATI No		
MAKE TWO COPIES. GO TO LIVE SCAN CENTER. Your Number: TRC# Level of Service X DOJ OCA No. (Agency Identifying No.) Gresubmission, list Original ATI No Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
MAKE TWO COPIES. GO TO LIVE SCAN CENTER. Your Number: TRC# Level of Service X DOJ OCA No. (Agency Identifying No.) ff resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
Your Number: TRC# Level of Service X DOJ Gresubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
OCA No. (Agency Identifying No.) f resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
OCA No. (Agency Identifying No.) If resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT	FBI	
f resubmission, list Original ATI No Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT	LD1	
Employer: (Additional response for agencies specified by statute) ***DO NOT USE THIS SECT		
***DO NOT USE THIS SECT		
***DO NOT USE THIS SECT		
***DO NOT USE THIS SECT		
	ION***	
Character No.	DOI)	
Street No. Street or P.O. Box Mail Code (five digit code assigned by	DOI)	
(
City State Zip Code Agency Telephone No. (optional)	
ive Scan Transaction Completed By: Date:		
ive Scan Transaction Completed By: Name of Operator Date:		
Transmitting Agency ATI No. Amount Collection	rted/Billed	
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