

NEW ORLEANS POLICE DEPARTMENT
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: _____
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APPROVED / DISAPPROVED: _____

PLEASE ATTACH LEGIBLE PHOTO-COPY OF DRIVER'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