



City of Bethlehem

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AN EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF POLICE

REGISTRATION FORM FOR A.C.T. (ARREST CAR THEIVES)

My name is _____

I reside at _____ City _____ Zip _____

I am the registered owner of the following vehicle:

YEAR & MAKE of the vehicle _____ **License Plate #** _____

I have volunteered to participate in **OPERATION A.C.T.! (ARREST CAR THEIVES)** an auto decal registration program with the **BETHLEHEM POLICE DEPARTMENT**

I will receive a decal which will be placed in the lower left corner of the back windshield of the above describe vehicle. By participating in this program, I am certifying to the **BETHLEHEM POLICE DEPARTMENT** that the above mentioned vehicle is not normally operated between the hours of 1 a.m. and 5 a.m.

I understand that the presence of this decal, affixed to the window of my vehicle, indicates to the police that this vehicle is not operated between the hours of 1 a.m. and 5 a.m. If the police observe a person operating my vehicle during these house, they will reasonably suspect that such person is in possession of said vehicle without authorization. This knowledge permits the police to make an investigative stop of the vehicle.

I understand that in order to withdraw from participation in this program, I must fully remove the decal from my vehicle and provide written notification to the **BETHLEHEM POLICE DEPARTMENT CRIME PREVENTION UNIT** so that the vehicle registration may be removed from the Department's computer files within 72 hours. I further understand that withdrawal from the program does not become effective until my vehicle registration has been removed from the Department's computer files. Prior to the sale or transfer of ownership of the participating vehicle, the decal must be removed and written notification must be made to the **BETHLEHEM POLICE DEPARTMENT CRIME PREVENTION UNIT** by the same individual who enrolled in the program. I realize that persons operating my vehicle between the hours of 1 a.m. and 5 a.m., even with my consent, are subject to a police investigative stop. In these instances, police action will include the necessary precautions generally taken to protect the officers when approaching a potentially stolen vehicle. The police have fully explained the purpose of the program and have informed me of the advantages and disadvantages, if any, that might occur.

I hereby consent and agree to above by these procedures and consent to the stopping of my motor vehicle and the detention of the driver, when my vehicle is operated between the hours of 1 a.m. and 5 a.m.

(CONTINUE TO READ THIS FORM ON THE REVERSE SIDE)



10 EAST CHURCH STREET, BETHLEHEM, PENNSYLVANIA 18018

I confirm that I have fully read and understand the above, and all information has been completed prior to signing.

NAME (PRINT) _____ SIGNATURE _____

Address of owner of vehicle _____

Home Phone _____ Work Phone _____

Alternative Driver #1 _____ Relationship _____

Alternative Driver #2 _____ Relationship _____

Year _____ Make _____ Model _____ Color _____

License Plate # _____ State _____ Body Type _____

VIN Number(Vehicle Identification Number) _____

In consideration of the protection offered by my participation in this program, I hereby agree to hold the **BETHLEHEM POLICE DEPARTMENT and THE CITY OF BETHLEHEM harmless for all liability arising out of activities conducted under this program.**

FOR OFFICIAL USE ONLY:

Computer Entry By _____ Date _____

Participant Notified By _____ Date _____

ACT Identification Number _____

