



## GROUND TRANSPORTATION LICENSE AGREEMENT INFORMATION FORM

Please type or print clearly.

1. Reason for Form: ☐ New Applicant ☐ Renewal ☐ Business Name Change ☐ Contact Change

List name on prior/current Agreement: \_\_\_\_\_

2. Type of Operator: (Check one only. Dual operations are not allowed.)

☐ TCP/Transportation Charter Party ☐ PSC/Passenger Stage Carrier ☐ Courtesy: ☐ Hotel ☐ Parking ☐ Rental Car Srv

3. State/Federal Authority: (Check and complete one only)

☐ TCP No: \_\_\_\_\_ ☐ PSC No: \_\_\_\_\_ ☐ MCC No: \_\_\_\_\_

4. Type of Business: (Check one only. List legal name.)

☐ Individual/Sole Proprietor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

☐ Partnership Partner 1-First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Partner 2-First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Partner 3-First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

☐ Limited Liability Company (LLC)/  
Limited Partnership (LP) Name: \_\_\_\_\_

☐ Corporation (Inc.) Name: \_\_\_\_\_

5. Operating Name/Doing Business As (DBA): (No P.O. Box)

Business Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Email: \_\_\_\_\_

6. Company Contact (Contract Issues):

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

7. Company Contact (Finance):

☐ Same as above

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

8. Company Contact (Permits/Operations):

☐ Same as above

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

9. Authorized Signer:

*The undersigned declares and certifies all information on this form is true and correct. The undersigned agrees to notify the Airport Permit Services Office immediately of any changes to the information on this form.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Use: Date Received: \_\_\_\_\_ ☐ Document Checklist Received Staff Initials: \_\_\_\_\_