

ROANOKE REGIONAL AIRPORT COMMISSION GROUND TRANSPORATION SPECIAL EVENT PERMIT APPLICATION

Fee: Date Paid:	Account/Permit #
Cash/Check	Start Date

Applicant Inf	ormati	on							End Date		
Applicant Information Business Name			Contact Name								
Dusiness Name			Contact Name								
		Mailin a Address (II	. D:#	mt fue me Ctue et Aululus	1						
Street Address			wailing Address(ii	Dillere	nt from Street Addre	:55)					
City			State			Zip					
Telephone #			(Cell Phone#			<u> </u>	Fax#			
E-Mail Address						Emergency #					
L-Mail Addiess						Emergency #					
Please Provi	de the	Reaso	n for Your R	aduest an	d the N	umber of Perso	ne In	volved in the A	ctivity		
i lease i lovi	ue tile	Neaso	ii ioi Toui K	equest and	u tile iv	ulliber of Ferso	1113 1111	voived in the A	Clivity		
Arrival Date	(s)					Departure Dat	te(s)				
Vehicle Infor	mation	(Must	Be Complet	ed for Fac	ch Vehic	cle) Please use re	verse f	or additional Vehic	cles		
Unit/Fleet #	Vehicle		Make	ca for Eac	Model	License Plate State and # Color					
Number of Passenger Body Type Seats											
Coulo											
Unit/Fleet # Vehicle Year Make		Model			Licens	License Plate State and #	Color				
Number of Brown and Broke Trans											
Number of Passenger Body Type Seats											
Unit/Fleet #	Vehicle	Year	Make		Model		Licens	e Plate State and #	Color		
Number of Passe	ngor	Body Ty	ino.				1				
Seats	iigei	body 1 y	pe								
Driver Inform	nation (Must k	e Complete	d for Each	Driver)	Please use revers	se for a	dditional Driver In	formation		
Full Name			Driver's License Number								
Full Name			Driver's License Number								
ruii Name		Dilver a Ficeuse Mailiner									
Full Name		Driver's License Number									
Pu signing this andi-	ation hala	1 1/0/1 070 0	ortifying that: (i) var-	are the currer or	r losson of th	o vohiclo(s) to be used fo	or around	transportation convices of	t the airport: (ii) all drivers of the		

By signing this application below, you are certifying that: (i) you are the owner or lessee of the vehicle(s) to be used for ground transportation services at the airport; (ii) all drivers of the permitted vehicle(s) have the proper, valid licenses and other authorizations required by federal, state, and local authorities for each of the vehicles that they will be operating in addition to your driver(s) being aware of, and knowledgeable of the Rules and Regulations;(iii) The person signing agrees to maintain all insurance coverage in place at all times and provide the Commission with evidence of each policy's renewal ten days in advance of its annual anniversary date, as required. The person(s) signing below agrees defend, indemnify, and hold the Roanoke Regional Airport Commission, its board members, officers, agents, and employees harmless from any and all claims, causes of action, personal injury or death arising out of the negligent acts, errors or omissions of the undersigned while on Airport premises.

Additional Vehicle Information (Must Be Completed for Each Vehicle)								
Unit/Fleet #			Model	L		ense Plate State and #	Color	
Number of Passe	naer	Body Ty	l /pe					
Seats Body Type								
					1			1
Unit/Fleet #	Vehicle	Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	nger	Body Ty	/pe			<u> </u>		
Seats								
								1
Unit/Fleet #	Vehicle	Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	nger	Body Ty	/pe			<u> </u>		
Seats			•					
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Unit/Fleet #	Vehicle	Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	nger	Body Ty	/pe			l .		
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Unit/Fleet #	Vehicle	e Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	nger	Body Ty	ne			<u> </u>		
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Unit/Fleet #	Vehicle	Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	ngor	Body Ty	In a					
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Unit/Fleet #	Vehicle	Year	Make	Model		Lic	ense Plate State and #	Color
Number of Passe	nger	Body Ty	In a					
Seats	ilge.	Dody 1	,,,,,					
Driver Information (Must be Completed for Each Driver)								
Full Name					Driver's License No	umb	er	
Full Name		Driver's License Number						
Full Name			Driver's License Number					
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Full Name			Driver's License Number					
Full Name		Driver's License Number						
ruii ivame					ווע s License Ni	uIIID	CI CI	
Full Name					Driver's License No	umb	er	
Full Name					Driver's License No	umb	er	
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