ROANOKE REGIONAL AIRPORT COMMISSION
GROUND TRANSPORATION PERMIT APPLICATION

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

Applicant Information

Business Name		**Contact Name**
Street Address		**Mailing Address(If Different from Street Address)**
City	**State**	**Zip**
Telephone #	**Cell Phone#**	**Fax#**
E-Mail Address		**Emergency #**

Ground Transportation Business Type (Check Appropriate Category Below)

	1. Taxicab Services		**2.Charter Carrier**		**3. Scheduled or on-call Services**		**4.Courtesy Vehicles**
	5.Off-Airport Parking		**6.Rental Car Shuttles**		**7.Miscellaneous Services (Baggage Delivery)**		**8.Ground Transportation Concessionaire**
	9.Shared Ride Shuttle		**10.Transportation Network Company(TNC)**				

Please provide a description below of the ground transportation service(s) to be provided, including primary service area.

Vehicle Information (Must Be Completed for Each Vehicle) *Please use reverse for additional Vehicles*

Unit/Fleet #	**Vehicle Year**	**Make**	**Model**	**License Plate State and #**	**Color**
Number of Passenger Seats	**Body Type**				
Unit/Fleet #	**Vehicle Year**	**Make**	**Model**	**License Plate State and #**	**Color**
Number of Passenger Seats	**Body Type**				

Driver Information (Must be Completed for Each Driver) *Please use another page for additional Driver Information*

Name	**Driver License Number**
Owner Name	**If Vehicle is Leased, Indicate Owner and Lessee**
Name	**Driver License Number**
Owner Name	**If Vehicle is Leased, Indicate Owner and Lessee**

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.

Signature of owner or lessee of the permitted vehicle(s) *Date*

Additional Vehicle Information (Must Be Completed for Each Vehicle)

Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
Number of Passenger Seats	Body Type				
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