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**2011 GROUND TRANSPORTATION PERMIT RENEWAL APPLICATION  
SUBMISSION DEADLINE: 11/30/2010**

**1. PLEASE SELECT THE TYPE OF SERVICE BEING PROVIDED**

- Charter  Courier  Hotel  Limousine  Off-Airport Parking  Local Shared - Ride  
 Regional Shared - Ride

**2. In addition to submitting a completed renewal application, the following documents are  
REQUIRED in order to complete the permit renewal process:**

**\*\$20.00 Non-refundable Permit Application Fee (Money Order/Corporate Check Payable  
to: "The City of Atlanta") This payment will be collected when you come to the Ground  
Transportation office after you've received notification**

**Vehicle Registrations for ALL vehicles requiring permits**

**Notorized Insurance Verification Form & ACORD Certificate of Liability**

**Required Insurance:**

**General Liability (\$500,000, \$1,000,000, \$100,000)**

**Automobile Liability listing ALL covered vehicles VIN #s totaling no less than  
\$450,000 (\$100,000, \$300,000, \$50,000)**

**Unified Carrier Registration Receipt (UCR)**

**Completed Fee Computation Agreement**

**Any past due payments (Delinquent accounts will NOT be renewed)**

**A List of All principle areas to/from which you provide transportation service & schedule  
if applicable**

**\* NOTE: APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE SUBJECT TO AN ADDITIONAL 10% PENALTY.**

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**3. COMPANY INFORMATION**

Business Name:

DBA (if Applicable):

Form of Business:  Sole Proprietorship  Partnership  Corporation

Company EIN:

Physical Address   
*(Street/City/State/Zip - No P.O. Boxes):*

Mailing Address:   
*(If different from physical address)*

Business Phone #:  Cell #:  FAX #:

The following section must be filled out by an individual who is an Owner, Part-Owner, or Officer of the company and is legally authorized to represent the company.

Applicant's Name:

Date of Birth:  Gender:  Driver's License #:

Email Address:  Web Address:

Partner(s):

Authorized Representative (s) & Title(s):

First & Last Name	Title

**4. INSURANCE POLICY INFORMATION**

**GENERAL LIABILITY**

Insurance Company	Policy #	Expiration Date

**AUTOMOBILE LIABILITY**

Insurance Company	Policy #	Expiration Date







City of Atlanta – Dept. of Aviation  
Ground Transportation  
P.O. Box 20509  
Atrium, Suite 435  
Atlanta, GA 30320  
404-530-6674  
comments.gt@atlanta-airport.com

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7. Review all documents to ensure completion before submitting renewal application. Any incomplete applications will be delayed in being processed. Submit completed application to the Ground Transportation office via email or mail (see addresses below). Ground Transportation will then review your application and notify your company’s authorized representative to come and sign your application and permit document acknowledging that you are in agreement with all HJAIA Ground Transportation rules and regulations. Your permit document will then have to be signed by the airport’s General Manager (GM). Your company will be contacted after the GM signs the permit for an appointment to make payment, pick up the signed permit, 2011 decals, and AVI transponders if applicable.

Email Application to: [comments.gt@atlanta-airport.com](mailto:comments.gt@atlanta-airport.com)

Or

Mail to:

City of Atlanta – Dept. of Aviation  
P.O. Box 20509  
Atrium, Suite 435  
Atlanta, GA 30320

**(DO NOT SIGN BELOW UNTIL INSTRUCTED BY GROUND TRANSPORTATION)**

By my signature below, I certify that I understand that my company is prohibited from operating its transportation service unless and until my company is in possession of a valid and current Ground Transportation Permit. Further, I understand that the submission of this application does not guarantee renewal of my company’s Ground Transportation Permit.

Hartsfield – Jackson Atlanta International Airport reserves the right to conduct background checks on all applicants, applicant’s employees, officers, agents, and authorized representatives.

I certify that all information that I have provided is accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the operating permit.

Company: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

PERMIT#: \_\_\_\_\_

APPLICATION REVIEWED: \_\_\_\_\_

# OF DECALS ISSUED: \_\_\_\_\_

# OF AVI TAGS ISSUED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

PAYMENT AMOUNT & CHECK OR M.O.#: \$ \_\_\_\_\_ #: \_\_\_\_\_

AUTH. GT REP.: \_\_\_\_\_ DATE: \_\_\_\_\_