

HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT
Ground Transportation Services Division



2009 PERMIT RENEWAL APPLICATION

PERMIT NUMBER: _____

DOA/GT office use Only

Received: _____ / _____ / _____

By: _____

PROVIDER CATEGORY (check applicable box):

- Metro Shared-Ride Non-Metro Shared-Ride Hotel/Motel Off-Airport Parking Charter
 Limousine Taxi Courier

PLEASE TYPE:

PART I – BUSINESS INFORMATION

Company

Name: _____

Form of Business: () Sole Proprietorship () Partnership () Corporation

PART II – GENERAL INFORMATION

The information below must be completed 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: _____

Business Address: (No P.O. Box) _____
Street City State Zip

Business Phone Number: (____) _____ Fax Number: (____) _____

E-mail address: _____

Date of Birth: _____ Gender: _____ Race: _____

Driver's License Number: _____ Social Security Number: _____

Please provide the following items.

Incomplete or missing documents will delay the processing of your application.

- 1) Renewal Application Form, completed and signed
- 2) Permit Document (cover and signature pages legibly completed and signed)
- 3) GPSC Class 'B' Limousine Certificate or GDMVS Motor Carrier of Passenger Permit, Intrastate Registration
- 4) State of Georgia, Department of Revenue Certificate of Registration
- 5) ACORD Certificate of Liability Insurance (General Liability) (\$500,000, \$1,000,000, \$100,000), City of Atlanta named as additional insured.
- 6) State of Georgia required Automobile Liability Insurance totaling no less than \$450,000 (\$100,000; \$300,000; \$50,000) or totaling no less than \$650,000 (\$100,000, \$500,000, \$50,000) as appropriate for provider category.
- 7) Insurance Verification Form, signed, notarized and including a list of vehicles assigned to the business.
- 8) Non-negotiable Title and Registration for each and every vehicle
- 9) Current year State of Georgia Interstate Motor Carriers Vehicle Registration Stamps or Form G-Vehicle Identification Cabcards.
- 10) Company Fleet Log (list all vehicle details – year, make, seat capacity, VIN#, Tag#, AVI Tag #)
- 11) Company Driver List.
- 12) Fee Computation Form applicable to provider category.
- 13) Non-refundable application fee of \$20, payable to the "City of Atlanta"

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.

The 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 given is accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the operating Permit.

Signature of Applicant: _____

Date: _____

MAIL APPLICATION & DOCUMENTS TO:
City of Atlanta – Department of Aviation
Hartsfield-Jackson Atlanta International Airport
Attention: Ground Transportation Office
P. O. Box 20509, Atrium Suite 435
Atlanta, Georgia 30320-2509
www.atlanta-airport.com