

2009

**COLUMBUS REGIONAL AIRPORT AUTHORITY  
PORT COLUMBUS INTERNATIONAL AIRPORT**

**APPLICATION FOR PERMIT TO PROVIDE CORPORATE GROUND  
TRANSPORTATION SERVICES**

By completing this application, Applicant agrees that if a permit is granted, Applicant will observe and comply with all of the terms and conditions of the Ground Transportation Regulations, as published and amended by the Columbus Regional Airport Authority.

Each application must be accompanied by true, correct, and current copies of certificates of public convenience or licenses issued by the Interstate Commerce Commission, the Ohio Public Utilities Commission or the City of Columbus, or any other federal or state government agency having jurisdiction over Applicant's transportation activities, authorizing Applicant to engage in the transportation service which Applicant proposes to provide at or from Columbus Regional Airport Authority facilities.

**Original application must be returned by mail or in person. Copies of necessary documents must be legible.**

**I. GENERAL INFORMATION**

Name of Applicant (company) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Please list all Owners/Managers responsible for transportation services:

Name \_\_\_\_\_

Title \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_

## II. ATTACHMENTS REQUIRED

Checklist:

\_\_\_\_\_ A. Copy of insurance for Workers' compensation **MUST** be attached or a written statement indicating why you are not required to carry Workers' Compensation.

\_\_\_\_\_ B. Certificate of automobile insurance **MUST** be attached. Also, it must list the **COLUMBUS REGIONAL AIRPORT AUTHORITY** as an additional insured and provide 30 days notice in the event of cancellation or material change.

\_\_\_\_\_ C. Original notarized Affidavit must be submitted.

\_\_\_\_\_ D. Applicant must complete and enclose "Driver Information Form".

\_\_\_\_\_ E. Applicant must complete and enclose "Automatic Vehicle Identification (AVI) and Vehicle Information Log".

\_\_\_\_\_ F. State of Ohio "Secretary of State Certificate".

\_\_\_\_\_ G. A vehicle add/delete form for decals is included to amend any future updates after approved application permit is issued.

\_\_\_\_\_ H. Applicant must complete the attached credit card authorization for the E-Z Park program. Two credit cards are required for this application to be processed.

FAILURE TO PROVIDE ANY REQUESTED INFORMATION MAY BE  
GROUNDS FOR DENIAL OF A GROUND TRANSPORTATION  
PERMIT.

Name (print) \_\_\_\_\_

Name (signature) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Application and any correspondence should be forwarded to the address listed below.

Columbus Regional Airport Authority  
Parking, Transportation, and Auditing Services  
Charlie Evranian, Ground Transportation Supervisor  
4600 International Gateway  
Columbus, Ohio 43219  
Phone: (614) 239-4071  
Or (614) 239-3024  
[www.columbusairports.com](http://www.columbusairports.com)  
[cevranian@columbusairports.com](mailto:cevranian@columbusairports.com)



injuries, death, loss or damage, alleged to be caused by, through or in connection with the existence, exercise and use of the rights authorized by the Columbus Regional Airport Authority.

6. Vehicle decals must be immediately permanently attached to the bumper and may not be transferred from the vehicle to which they are assigned. Decals are the sole property of the Columbus Regional Airport Authority and cannot be sold or conveyed to another party. Any person who fails to return a decal upon the request of Authority personnel, or upon the sale or transfer of the vehicle and/or company, may be charged with petty theft pursuant to Section 2913.02(A)(2), Ohio Revised Code.
7. The above-named individual and/or organization agrees to pay within 30 days of the invoice date, any fees assessed by the Columbus Regional Airport Authority or designee. The above named individual and/or organization also agrees that at if any time the account exceeds 30 days, access to the Ground Transportation area will be restricted until the account is rectified and the Columbus Regional Airport Authority may require the above named individual and/or organization to pre-pay for future activity at Authority facilities.
8. The above-named individual and/or organization avers under penalties of perjury that the information attached hereto is correct to the best of their knowledge and belief.
9. This permit expires on December 31, of any permit year. I am responsible to renew this permit on an annual basis by no later than December 31, of each permit year.

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Signature

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Date

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

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Notary

**Columbus Regional Airport Authority**

**COMMERCIAL OPERATOR BILLING AUTHORIZATION:**

Ground Transportation Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Primary Credit Card Issued to: \_\_\_\_\_ # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Check One:*       Corporate Account       Personal Account

Circle type of Credit Card: MC, VS, AMX, DIS, DIN

2<sup>nd</sup> Credit Card (required) Issued to: \_\_\_\_\_ # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Check One:*       Corporate Account       Personal Account

Circle type of Credit Card: MC, VS, AMX, DIS, DIN

E-mail Address \_\_\_\_\_

Dear Ground Transportation Company,

To ensure prompt billing and accurate access charges, the above form will authorize the Columbus Regional Airport Authority Ground Transportation & Parking Services Division to charge the Primary Credit Card nightly, all access charges to the Ground Transportation area for the previous day. **Please be advised, the number of trips will correspond to the number of charges (4 trips = 4 charges). Two (2) Credit Cards are required** however the secondary credit card will only be used if the primary card is unable to accept the charges for any reason. In the event that both credit cards are unable to be charged, the commercial operator may be subject to deactivation of all AVI cards until payment is received. All AVI cards issued to the commercial operator will be included in this system regardless of the access fee associated with the card or the frequency of use. Your activity for the previous month will be emailed. Please contact the Parking & Transportation office with any Credit Card changes as soon as possible. Be advised that your primary and secondary credit cards must be able to accept your daily charges, please ensure that both cards have enough credit availability each day. Frequent denied transactions will prohibit your access to the Ground Transportation Area.





REQUEST FOR CHANGE OF VEHICLE(S)

**ANY CHANGE OF VEHICLE INFORMATION MUST BE SUBMITTED ON THIS FORM.**

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

VEHICLE #1  
circle one: **ADD** **DELETE** **LOST\***

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Plate No: \_\_\_\_\_

Airport G.T. Decal No.: \_\_\_\_\_

VEHICLE #2  
circle one: **ADD** **DELETE** **LOST\***

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Plate No: \_\_\_\_\_

Airport G.T. Decal No.: \_\_\_\_\_

VEHICLE #3  
circle one: **ADD** **DELETE** **LOST\***

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Plate No: \_\_\_\_\_

Airport G.T. Decal No.: \_\_\_\_\_

VEHICLE #4  
circle one: **ADD** **DELETE** **LOST\***

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Plate No: \_\_\_\_\_

Airport G.T. Decal No.: \_\_\_\_\_

I hereby certify that the above referenced information is true and correct and all vehicles meet insurance requirements. Also, I understand decals may not be transferred from the vehicle they are assigned and must be returned if the vehicle is sold or removed from service.

(SIGNATURE MUST APPEAR BELOW.)

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

\*LOST DECALS MUST HAVE A NOTARIZED LETTER STATING CIRCUMSTANCES.