

2009

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

**APPLICATION FOR PERMIT TO PROVIDE SCHEDULE SHUTTLE
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 Utility Commission, 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. CERTIFICATION/LICENSING

A. Federal, State or City agency issuing operating Certificate/License

B. Date operating Certificate/License granted _____

C. Certificate/License number issued _____

D. Effective date of Certificate/License _____

E. Termination date of Certificate/License _____

F. Geographical areas which Certificate/License allows you to service (include specific reference from your Certificate/License in regard to the routes, location of intermediate stopping points and originating / destination points)

G. Has any agency (PUCO, ICC, CITY) regulating your business or operation ever revoked or suspended your operating Certificate/License? _____

1. If so, for what, by whom, and on what date

2. Final results of such revocation or suspension

III. ATTACHMENTS REQUIRED

Checklist:

- ____A. Applicant MUST attach a copy/copies of Operating Authority. (City License, PUCO, ICC, certificate).
- ____B. Copy of certificate of insurance for Workers' Compensation MUST be attached or a written statement indicating why you are not required to carry Workers' Compensation.
- ____C. 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.
- ____D. Applicant MUST complete and enclose "Vehicle Identification Information and AVI Form". In addition, applicants MUST provide a copy of each vehicle registration listed.
- ____E. Applicant must complete and enclose "Driver Information Form", and a copy of City Livery Chauffeur's License and Drivers License for each driver listed.
- ____F. Scheduled shuttle applicants MUST submit daily operating schedule including start/end times for walk-up service. All schedules must be approved by the Columbus Regional Airport Authority.
- ____G. Applicant must submit the attached notarized Affidavit.
- ____H. Applicant must complete the credit card authorization form for the EZ-Park program. **Two credit cards are required for this application to be processed.**
- ____I. Vehicle Mechanical Inspection forms MUST be submitted if you have not obtained mandatory City/PUCO inspections.
**Note: Ohio State Highway Patrol motor vehicle inspections are not acceptable unless they have accompanying documentation.
- ____J. State of Ohio "Secretary of State Certificate".
- ____K. A vehicle add/delete form for decals is included to amend any future updates after approved application permit is issued.

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
cevrastian@columbusairports.com

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 year.

Signature

Date

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

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

2nd 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.

Driver Information

Applicant: _____

Driver's Name (as it appears on driver's license)	Driver's License Number & Class	State of Issue	Expiration Date

ORD. No 1631-97 to amend Chapter 593 of Columbus City Codes, 1959, to exempt from licensing livery operators from other cities who return to the corporate limits of Columbus to pick up same passengers they brought to the City.

(Condensed)

Section 593.01 (e)

The owner of a livery vehicle for hire may pick up passengers within the City of Columbus without obtaining a Columbus vehicle for hire owner license provided the following requirements are met:

1. The business address of the livery owner is located outside the corporate limits of the City of Columbus; and
2. The origination of the passenger's trip occurred outside the corporate limits of the City of Columbus; and
3. The operator picks up only the same passengers who was brought into the corporate limits of the City of Columbus; and
4. The livery driver possesses within the livery vehicle a written agreement signed by the passenger indicating the livery is engaged in a single round-trip.

VEHICLE MECHANICAL INSPECTION FACILITIES

All Tune and Lube
6115 Cleveland Avenue
Columbus, Ohio 43231
794-0445

Firestone
180 N. Third Street
Columbus, Ohio 43215
224-4221

Performance Repair
4440 Broadway
Grove City, Ohio 43213
539-0418 or 875-6669

Hamilton & Livingston Marathon
4400 E. Livingston Ave.
Columbus, Ohio 43227
237-5758

Cal's
508 N. James Road
Columbus, Ohio 43213
231-1818

Hand's Auto Radiator
1572 S. Parsons Ave.
Columbus, Ohio 43207
444-1410

Evans Automotive Repair
3448 Morse Road
Columbus, Ohio 43213
471-1199

Toy's Automotive Service
1058 W. Mound Street
Columbus, Ohio 43223
221-1097

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**