



**Dallas Fort Worth International Airport Board
Limousine Operating Authority Packet, New Applicant**

BOARD USE ONLY

Company Name _____ Date Application Received: ____/____/____

Amount Paid: _____ Receipt Number: _____ GTAS : _____

COMPANY INFORMATION (Print in black ink only)

Note: All New Limousine Operating Authority Applicants must meet with the Ground Transportation Regulation Office prior to submitting an application. To arrange an appointment call 927 574 5879.

Company Name (including DBA's)

Company Mailing Address:

Office Phone _____ Dispatch Phone _____

Company Fax _____

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Contact Phone _____ Cellular Phone _____

Alternate Phone _____

CONTACT INFORMATION # 2 (Optional)

Last Name _____ First Name _____ Middle Name _____

Contact Phone _____ Cellular Phone _____

Alternate Phone _____

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APPLICATION CHECK LIST

The following information and fees must be received in the Ground Transportation Regulation Office prior to Operating Authority issuance:

- Operating Authority application fee in accordance with the Dallas/Fort Worth International Airport Board Schedule of Charges, as amended (non-refundable).
 - **Note: Operating Authority fee (prorated from the date of approval for new operator) in accordance with the Dallas/Fort Worth International Airport Board Schedule of Charges, to be paid upon approval 10 days after the application date (review period).**
 - **10 Day Temporary Operating Authority fee of \$50 plus \$20 per authorized vehicle in accordance with the Dallas/Fort Worth International Airport Board Schedule of Charges, (fee is only applicable if applicant choose to operate during 10 day review period).**

- Operating Authority Application for Limousine Service including proof of legal residence, Texas Driver's License and Social Security Card for each person with a direct and/or financial interest in the business, a copy of each city(s) certificate authorizing the service or receipt for renewal of operating authority and rates of fare (application enclosed)

- Authorized Signature Form (form attached)

- Business Disclosure From (form attached)

- Copy of current business documents establishing the business

- Business plan which includes a description of the business, the marketing plan, daily operating procedures, background of personnel who will manage the service and a financial pro forma that includes a balance sheet and revenue projections (six months prior and six months in the future of application date).

- Solicitation policy to include: driver training, consequences if found soliciting, and semi-annual plans for reviewing with all employees and/or contractors.

- All vehicles must have a current vehicle inspection documents that include the following:
 - An original vehicle inspection form signed, within the preceding thirty (30) days, issued by the City of Dallas Transportation Department (214) 670 3161

 - An original Texas Vehicle Inspection Report (State Inspection) is required for vehicles that was issued a valid State of Texas sticker within sixty (60) days preceding the date of application; OR

 - A City of Dallas and Dallas/Fort Worth International Airport Board Twenty (20) Point Inspection Form for vehicles that have a valid State of Texas inspection sticker that was issued more than sixty (60) days preceding the date application.

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- Documents to verify your drivers are bona fide employees: Internal Revenue Service (hereafter "IRS") Form W-2 Wage and Tax Statement, IRS Form W-4 Employee's Withholding Allowance Certificate for each driver, IRS Form 941 Employer's Quarterly Federal Tax Return, canceled check for payment to the IRS for quarterly federal taxes, Federal Certificate for Compliance with Workers' Compensation, proof that full time and/or temporary drivers are paid at least minimum wage, Texas Workforce Commission (hereafter "TWC") Form C-1 Employer's Registration Form Status Report, TWC Form C-3 Employer's Quarterly Report for Regular Taxed Employers, canceled check for payment to the TWC for quarterly taxes, application for employment and payroll report to show the frequency of payment of wages
- Original Acord Certificate of Liability Insurance which includes the declaration page of the policy, TE 99 O1B or equivalent – Additional Insured, TE 99 76B or equivalent – Fleet Schedule, TE 03 01B or equivalent – Deductible Liability Insurance, the Acord Form Certificate of Insurance to show proof of Professional Liability, Errors & Omissions Insurance for the insurance Producer and a copy of the automobile liability insurance policy, which are sent directly to the Ground Transportation Regulation Office from the producer of your insurance policy
- Credit card merchant agreements showing the acceptance of American Express, Visa, MasterCard, Discover and Diner's Club
- Dallas/Fort Worth International Airport Board Vehicle List (form enclosed)
- Original Texas Department of Transportation Title Application Receipt in the name of the legal entity that is to be authorized
- Proof that stretch limousines meet certified industry standards (CMC, QVM certification)
- Proof of \$35,000 minimum Manufacturer's Suggested Retail Price for each vehicle
- Dallas/Fort Worth International Airport Board Permitted Driver List (form enclosed)
 - Note: Driver must submit a DFW Airport's Driver Application notarized by an Authorized Company Representative.
- Website Link Application (optional – application enclosed)
- North Texas Tollway Authority Corporate Account Application (application enclosed)

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DFW LIMOUSINE OPERATING AUTHORITY APPLICATION

PART I - GENERAL INFORMATION

Part I – Business Information

Company Name: _____

Company Street Address: _____

Company Mailing Address: _____

Company Telephone Number: _____ Company Facsimile Number: _____

Company Dispatch Telephone Number: _____

Company Website Address: _____

Contact Person: _____

Contact Person Telephone Number: _____ Contact Person Facsimile Number: _____

Contact Person E-Mail Address: _____

Please designate a representative to receive service of notice for your company and drivers: _____

Would you like to receive notification of new limousine applicants? YES NO

Nature of Business: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION
 JOINT VENTURE LIMITED LIABILITY OTHER _____

Internal Revenue Service Employer Identification Number: _____

List each person with a direct and/or financial interest in the business. If not a US Citizen, please state citizenship and legal residence. Attach a copy of proof of legal residence for each person with a direct and/or financial interest in the business.

Name	Citizenship	Legal Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all drivers who will operate under your authority bona fide employees of the company YES NO

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PART II - GENERAL INFORMATION

Complete the information below for each person with a direct and/or financial interest in the business.

Name: _____ Title: _____

Home Address: _____

Texas Driver's License Number: _____ Social Security Number _____
(Attach a copy) (Attach a copy)

Phone Number: _____ Cellular Number: _____

Describe any past business experience, especially in providing transportations services:

Name: _____ Title: _____

Home Address: _____

Texas Driver's License Number: _____ Social Security Number _____
(Attach a copy) (Attach a copy)

Phone Number: _____ Cellular Number: _____

Describe any past business experience, especially in providing transportations services:

Name: _____ Title: _____

Home Address: _____

Texas Driver's License Number: _____ Social Security Number _____
(Attach a copy) (Attach a copy)

Phone Number: _____ Cellular Number: _____

Describe any past business experience, especially in providing transportations services:

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PART III – OPERATING AUTHORITY

Number of vehicles to be authorized _____

Note: Vehicle authorization is limited to those vehicles that are actually in operation.

List each city in which the company is authorized to operate a limousine service. Attach a copy of each city(s) certificate authorizing the service or receipt of payment for renewal of operating authority.

City:	Date of Authorization
_____	_____
_____	_____

Do all persons with a direct and/or financial interest in the business meet the qualifications for a driver permit in accordance with Chapter 4, Section 3-2 of the Code of Rules and Regulations of the Dallas Fort International Airport Board? YES NO IF NO, EXPLAIN: _____

Has any person with a direct and/or financial interest in the business ever has an operating authority or driver permit suspended or revoked while operating a business or service using motor vehicles? YES NO IF YES, EXPLAIN: _____

Does the company have authorization, or ever been authorized to operate a limousine service in another city or state? YES NO IF YES, EXPLAIN: _____

It is the responsibility of the holder of operating authority to meet the requirements of the Americans with Disabilities Act. Please describe how your company will meet the requirements of the Americans with Disabilities Act.

Please list your Rates of Fare (or attach a copy of your Rates of Fare):

Describe the proposed insignia, signs; markings and proposed uniform paint/color scheme (attach a color photograph of proposed uniform paint/color scheme):

Please describe a distinctive item of apparel or item placed on apparel to be worn by your service providers:

PART IV – AUTOMOBILE LIABILITY INSURANCE INFORMATION

Attach a copy of your Automobile Liability Insurance Policy and a list of vehicles currently covered under the Automobile Liability Insurance Policy.

Insurance carrier providing coverage: _____

Agent: _____ Policy Number: _____

Agent's Address: _____ Policy Deductible: _____

Agent's Telephone Number _____ Policy Expiration Date: _____

I certify that the information submitted on this application is true and correct

Signature	Date
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WEB LINK INFORMATION

Date Submitted: _____

Holder Name: _____

Contact Person: _____

Contact Person Telephone Number: _____

Contact Person Facsimile Number: _____

Contact Person E-Mail Address: _____

Holder Website Address: _____

The Dallas/Fort Worth International Airport Board will not be responsible for updating or ensuring the accuracy of individual linked sites. Each company will be responsible for updating their own individual linked sites and notifying Ground Transportation Regulation in writing of any changes to the company's website address. By signing this application, I agree to the stated terms and conditions.

Authorized Signature

Date

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GROUND TRANSPORTATION BUSINESS DISCLOSURE FORM

It is recommended this form be completed by a governing person, governing authority, or legal counsel.

Business Name:					
Business Address:			Mailing Address:		
City	State	Zip	City	State	Zip
Business Web Address:					
Business Phone:			Business Fax:		
Contact Person:			Contact's Phone No.:		
Contact's E-Mail Address:					

I. Entity Ownership Information
(Check the appropriate box and provide requested details below.)

Business Structure: (Please check only one box)					
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation ("C")		
IF CORPORATION, please check all the type(s) below that are applicable:					
<input type="checkbox"/> For Profit <u>or</u>	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Public <u>or</u>	<input type="checkbox"/> Private		
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Professional	<input type="checkbox"/> Parent-Subsidiary	<input type="checkbox"/> Close		
State of Incorporation, Registration or Formation:					
State:		Month:	Year:		
Name(s) of Owner(s) or Partners (or Owner of DBA if applicable):					
Name of Joint Venture Participants, if applicable:					
UNLESS PUBLICLY TRADED list all individuals, partnerships, corporations or other entities having at least 10% ownership in the business and indicate their percentage of ownership. Attach additional sheets if necessary.					
Form Completion Date:					

Form Revised 08/07

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AUTHORIZED SIGNATURE FORM

Holder Name: _____ Date: _____

This form provides the means of identifying those persons you wish to have signatory authority for vehicle decal applications and driver permit applications. Print the names of those authorized to sign, then have each individual sign their name. Signatures not matching will be denied. Please notify us on company letterhead of additions or deletions to this list.

Authorized to sign decal applications:

Name (Print or Type)	Signature
1. _____	
2. _____	
3. _____	
4. _____	

Authorized to sign driver applications:

Name (Print or Type)	Signature
1. _____	
2. _____	
3. _____	
4. _____	

Authorized to sign scrip applications:

Name (Print or Type)	Signature
1. _____	
2. _____	
3. _____	
4. _____	

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