



**Dallas Fort Worth International Airport Board
Limousine Operating Authority Renewal Packet**

BOARD USE ONLY

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

Amount Paid: _____ Receipt Number: _____ GTAS : _____

COMPANY INFORMATION (Print in black ink only)

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 _____

Email Address _____ Alternate Email Address _____

RENEWAL APPLICATION CHECK LIST

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

- \$500.00 Annual Operating Authority Fee, \$5.00 per vehicle (decal fee), and any applicable late fees for late submittal of required documents
- Operating Authority Renewal Application (form enclosed)
- DFW Business Disclosure Form (form enclosed) /NEW /
- Authorized Signature Form (form enclosed)
- Acord Certificate of Liability Insurance
- Copy of current business documents establishing the business, if changed since last submittal
- Applicable Texas State or Twenty (20) Point Inspection Forms for each vehicle (see attached table)
- Proof of Authorization of service in a local city
- Dallas/Fort Worth International Airport Board Vehicle List (* list enclosed)
* Review and make applicable changes
- Dallas/Fort Worth International Airport Board Permitted Driver List (* list enclosed)
* Review and make applicable changes

2008 DFW LIMOUSINE OPERATING AUTHORITY RENEWAL 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

PART I - GENERAL INFORMATION (cont.)

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 _____
Phone Number: _____	Cellular Number: _____

Name: _____	Title: _____
Home Address: _____	
Texas Driver's License Number: _____	Social Security Number _____
Phone Number: _____	Cellular Number: _____

Name: _____	Title: _____
Home Address: _____	
Texas Driver's License Number: _____	Social Security Number _____
Phone Number: _____	Cellular Number: _____

Name: _____	Title: _____
Home Address: _____	
Texas Driver's License Number: _____	Social Security Number _____
Phone Number: _____	Cellular Number: _____

Name: _____	Title: _____
Home Address: _____	
Texas Driver's License Number: _____	Social Security Number _____
Phone Number: _____	Cellular Number: _____

PART II – OPERATING AUTHORITY

Number of vehicles to be authorized _____

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
_____	_____
_____	_____

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):

_____	_____
_____	_____
_____	_____

I certify that all drivers and/or employees operating under my DFW Operating Authority have been trained Semi-annually and as outlined in our company policy regarding the solicitation of ground transportation at Dallas Fort Worth International Airport.

_____	_____
(Signature, Authorized Representative Only)	Date

PART III – 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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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 and 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. _____	

**City of Dallas Transportation Regulation and
Dallas / Fort Worth International Airport Board Ground Transportation Regulation
Joint Mechanical Inspection Program for Limousine Vehicles**

Mechanical Inspection Table

Month of Issue for State Inspection Sticker	Type of Inspection Required in July / August to Obtain a Decal for Authorization form October through March	Type of Inspection Required in January / February to Obtain a Decal for Authorization form April through September
January	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>January</u> state Inspection
February	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>February</u> state Inspection
March	Provide paperwork from the vehicle's <u>March</u> state Inspection	Provide paperwork from a 20 point inspection
April	Provide paperwork from the vehicle's <u>April</u> state Inspection	Provide paperwork from a 20 point inspection
May	Provide paperwork from the vehicle's <u>May</u> state Inspection	Provide paperwork from a 20 point inspection
June	Provide paperwork from the vehicle's <u>June</u> state Inspection	Provide paperwork from a 20 point inspection
July	Provide paperwork from the vehicle's <u>July</u> state Inspection	Provide paperwork from a 20 point inspection
August	Provide paperwork from the vehicle's <u>August</u> state Inspection	Provide paperwork from a 20 point inspection
September	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>September</u> state Inspection
October	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>October</u> state Inspection
November	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>November</u> state Inspection
December	Provide paperwork from a 20 point inspection	Provide paperwork from the vehicle's <u>December</u> state Inspection

City of Dallas and Dallas / Fort Worth International Airport Board

TWENTY (20) POINT INSPECTION FORM

Decal # _____

City of Dallas _____

D/FW Airport _____

AVI TAG/DNT #. _____

TAXI **LIMO** (sedan or stretch or SUV) **SHARED RIDE/SHUTTLE**

Company: _____ Unit No.: _____ License No.: _____

Vin No.: _____ Year: _____ Make: _____ Model: _____ Emissions Standard: _____

Vehicle Color: _____ State Inspection Sticker Expires: _____

Full Size **Intermediate** **Compact** **Station Wagon** **Van** **SUV**

Items of Inspection	PASSED	FAILED
1. HORN	<input type="checkbox"/>	<input type="checkbox"/>
2. WINDSHIELD WIPER	<input type="checkbox"/>	<input type="checkbox"/>
3. MIRROR	<input type="checkbox"/>	<input type="checkbox"/>
4. STEERING	<input type="checkbox"/>	<input type="checkbox"/>
5. SEAT BELTS	<input type="checkbox"/>	<input type="checkbox"/>
6. BRAKES (SYSTEM)(PARKING)	<input type="checkbox"/>	<input type="checkbox"/>
7. TIRES	<input type="checkbox"/>	<input type="checkbox"/>
8. WHEEL ASSEMBLY	<input type="checkbox"/>	<input type="checkbox"/>
9. EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
10. EXHAUST EMISSION SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
11. BEAM INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>
12. TAIL LAMPS	<input type="checkbox"/>	<input type="checkbox"/>
13. STOP LAMPS	<input type="checkbox"/>	<input type="checkbox"/>
14. LICENSE PLATE LAMP	<input type="checkbox"/>	<input type="checkbox"/>
15. REAR RED REFLECTORS	<input type="checkbox"/>	<input type="checkbox"/>
16. TURN SIGNAL LAMPS	<input type="checkbox"/>	<input type="checkbox"/>
17. HEAD LAMPS	<input type="checkbox"/>	<input type="checkbox"/>
18. MOTOR, SERIAL, OR VEHICLE IDENTIFICATION NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
19. WINDOW TINTING OR COATING	<input type="checkbox"/>	<input type="checkbox"/>
20. GAS CAP	<input type="checkbox"/>	<input type="checkbox"/>

The above items have been inspected in accordance with the State of Texas Vehicle Inspection Program standards by a state certified inspector.

Approved

Denied

Signature

Date

Station Number

Original inspection form must be presented to the regulatory agency. **Copies will not be accepted.**