

Please provide the following Information

Date: \_\_\_\_\_  First Time Applicant  Renewal

Type of Operator:  PSC (Door to Door Shuttles)  TCP (Limos, Buses, Vans)  Taxicab  
 Courtesy (Hotel/Motel, Off Airport)  TNC

Public Utilities Commission (PUC) #: \_\_\_\_\_  
PSC Number: \_\_\_\_\_ TCP Number: \_\_\_\_\_

Type of Vehicle:  Sedan  Vans  Bus  Limousine

Legal Company Name: \_\_\_\_\_

Company Operating Name  
(Doing Business As -DBA) \_\_\_\_\_

Company Name  
As it appears on PUC Certificate: \_\_\_\_\_

Address: \_\_\_\_\_ Suite Number or P.O. Box \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Customer Service Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Ground Transportation Office Use Only

<input type="checkbox"/> PUC Authorization - Exp. Date _____ <input type="checkbox"/> GT Company Vehicle List <input type="checkbox"/> DMV Vehicle Registration (s) <input type="checkbox"/> Vehicle Insurance Certificate <input type="checkbox"/> Certificate of Liability Insurance (Approved) <input type="checkbox"/> Article of Organization (LLC) <input type="checkbox"/> Article of Incorporation <input type="checkbox"/> Fictitious Business Name Statement - Exp. Date _____ <input type="checkbox"/> ONT Business Tax Registration <input type="checkbox"/> Statement of Information	Check No: _____ Check Amount: _____ Date Rec'd: _____ <input type="checkbox"/> Payment for 1 year <input type="checkbox"/> \$12 Trip Pass  Date All Documents were Received: _____  Approved Date: _____
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