



# Ontario Landside Operations Application for Ground Transportation



Please provide the following information:

Date: _____	<input type="checkbox"/> First Time Application	<input type="checkbox"/> Renewal
Type of Operator:	<input type="checkbox"/> PSC (Door to Door Shuttles)	<input type="checkbox"/> TCP (Limos, Buses, Vans)
	<input type="checkbox"/> Courtesy (Hotel/Motel, Off Airport)	<input type="checkbox"/> Taxicab
Public Utilities Commission (PUC) #:	PSC Number: _____	TCP Number: _____
Type of Vehicle:	<input type="checkbox"/> Sedan	<input type="checkbox"/> Van
	<input type="checkbox"/> Bus	<input type="checkbox"/> Limousine

Legal Company Name: _____	
Company Operating Name: (doing business as - dba) _____	
Company Name as it appears on PUC Certificate: _____	
Address: _____	Suite No. or P. O. Box _____
City, State, Zip: _____	
Phone No.: _____	Customer Service No. ( ) _____
	Fax No. ( ) _____
E-mail Address: _____	
Contact Name: _____	Title: _____
Phone No.: _____	Cell Phone No. ( ) _____

### For Ground Transportation Use Only

_____ PUC Authorization – Exp. Date: _____ _____ Vehicle List _____ DMV Commercial Registration(s) _____ Insur. Approved by Risk Mgmt. _____ Insur. Cert. – Exp. Date: _____ _____ Affirmative Action _____ Business Tax Registration Certificate _____ Fictitious Business Name Statement _____ Signed Agmts (2) – Exp. Date: _____ _____ Child Support Statement _____ Articles of Incorporation _____ Articles of Organization (LLC) _____ Statement of Information	Check Amt. _____ Check No.: _____ Date rec'd: _____ No. of Vehicles: _____ <input type="checkbox"/> Paymt. for 6 mos. <input type="checkbox"/> Paymt. for 1 year <input type="checkbox"/> \$12 trip pass	OGT Agreement No. _____ Application Rec'd: _____ Approved Date: _____ Start Date: _____ RAMS Number: _____
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### ADDITIONAL INFORMATION / SPECIAL REQUEST / COMMENTS


