

SALT LAKE CITY DEPARTMENT OF AIRPORTS

GROUND TRANSPORTATION REGISTRATION FORM



SECTION 1 BUSINESS INFORMATION	Business name must match registered name with the State of Utah and your SLC Business License. All fields must be completed in blue or black ink.		
Business Name			
Type of Service (Mark All That Apply) ☐ Bus/Charter ☐ Courtesy (☐ Airport Tenant* ☐ Car Rental* ☐ Off Airport Parking*) ☐ Trans. for Hire ☐ Other* _____ *May require a Lease/Operating Agreement or Permit with the Salt Lake City Department of Airports			
If required to have an operating agreement or permit, do you have a copy? ☐ Yes ☐ No if YES , please present at time of registration. If NO , please let us know and we will provide you instructions on how to request a copy.			
Do you have a Business/Company partner: ☐ Yes ☐ No If YES , List Business/Company Name:			
Physical Address	City	State	Zip
Billing Address (☐ Billing address is same as physical address)	City	State	Zip
Phone Number ()	Fax Number (If Applicable) ()	Business Email	
SECTION 2 CONTACT INFORMATION	A minimum of one contact must be submitted. Please use N/A in fields which are not applicable.		
Primary Contact	Title ☐ Manager ☐ Office ☐ Owner ☐ Primary ☐ Secondary		
Phone Number ()	Cell Number ()	Email	
Secondary Contact (If Applicable)			
		Title ☐ Manager ☐ Office ☐ Owner ☐ Primary ☐ Secondary	
Phone Number ()	Cell Number ()	Email	
SECTION 3 ACKNOWLEDGEMENTS AND SIGNATURE			
I have read, fully understand, and will comply with the SLC City Ordinances 5.71, 5.72, 16.50 and the Salt Lake City Department of Airports Rules and Regulations. Initials X _____ I understand that it is my responsibility to submit an updated Salt Lake City Department of Airports Ground Transportation Registration Form should any of our business or contact information change. I also understand that when no longer required, my AVI tag, Badge, and Operators Permit must be returned within 72 hours to the Airport's Ground Transportation Office or associated fees as recorded in 5.71 will be assessed. Initials X _____ I understand the Americans with Disabilities Act and federal regulations require certain ground transportation providers to provide disabled persons with equivalent service if they cannot be accommodated in standard vehicles. I further acknowledge I am aware of the equivalent service standard in federal law and will comply with its requirements where applicable. Initials X _____ Signature X _____ Date _____			

August 2026