

# SALT LAKE CITY DEPARTMENT OF AIRPORTS

## GROUND TRANSPORTATION REGISTRATION FORM



<b>SECTION 1 BUSINESS INFORMATION</b>	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)			
<input type="checkbox"/> Bus/Charter <input type="checkbox"/> Courtesy ( <input type="checkbox"/> Airport Tenant* <input type="checkbox"/> Car Rental* <input type="checkbox"/> Off Airport Parking*) <input type="checkbox"/> Trans. for Hire <input type="checkbox"/> Other* _____ <b>*May require a Lease/Operating Agreement or Permit with the Salt Lake City Department of Airports</b>			
If required to have an operating agreement or permit, do you have a copy? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please present at time of registration. If <b>NO</b> , please let us know and we will provide you instructions on how to request a copy.			
Do you have a Business/Company partner: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>YES</b> , List Business/Company Name:			
Physical Address	City	State	Zip
Billing Address ( <input type="checkbox"/> Billing address is same as physical address)	City	State	Zip
Phone Number (   )	Fax Number (If Applicable) (   )	Business Email	
<b>SECTION 2 CONTACT INFORMATION</b>	A minimum of one contact must be submitted. Please use N/A in fields which are not applicable.		
Primary Contact	Title <input type="checkbox"/> CEO <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Other		
Phone Number (   )	Cell Number (   )	Email	
Secondary Contact (If Applicable)		Title <input type="checkbox"/> CEO <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Other	
Phone Number (   )	Cell Number (   )	Email	
<b>SECTION 3 ACKNOWLEDGEMENTS AND SIGNATURE</b>			
I have read, fully understand, and will comply with the SLC City Ordinances 5.71, 5.72, 16.60, 16.64 and the Salt Lake City Department of Airports Rules and Regulations. <b>Initials X</b> _____			
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. <b>Initials X</b> _____			
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. <b>Initials X</b> _____			
Signature X _____			Date _____

**SALT LAKE CITY DEPARTMENT OF AIRPORTS**  
**GROUND TRANSPORTATION ADA COMPLIANCE**



Federal law, including but not limited to Title III of the Americans with Disabilities Act ("ADA"), 49 CFR Part 37 (Transportation Services for Individuals with Disabilities), and 49 CFR Part 38 (Accessibility Specifications for Transportation Vehicles) requires ground transportation operators to make their vehicles accessible to individuals with disabilities, including individuals who use wheelchairs, or provide equivalent service to disabled persons in the most integrated setting possible with respect to:

1. Schedules
2. Response time
3. Fares
4. Geographic area of service
5. Hours and days of service
6. Availability of information
7. Capacity
8. Priority or trip purpose restrictions

☐  
**COMPANY**  
(Multi Vehicle/Multi Operator)

We certify that when required by law, including but not limited to the ADA, 49 CFR Part 37, and 49 CFR Part 38, the terms of our Contract/Operating Permit (if applicable), and our Ground Transportation Registration form, we are accommodating individuals with disabilities or providing them with equivalent service.

We also acknowledge that to the extent required by law we have or will train our operators in the above regulations and requirements.

☐  
**INDIVIDUAL**  
(Owner/Operator)

I certify that when required by law, including but not limited to the ADA, 49 CFR Part 37, and 49 CFR Part 38, and my Ground Transportation Registration Form, I am accommodating individuals with disabilities or providing them with equivalent service

Business Name

Primary Contact

Title

☐ CEO ☐ Manager ☐ Owner ☐ President ☐ Other

Phone Number  
(     )

Cell Number  
(     )

Email

I understand that the information, references, and statements on this form regarding applicable laws and regulations is for informational purposes only and is not legal advice or intended as a comprehensive list of applicable law. You should consult your attorney for legal advice regarding all applicable laws and regulations relating to accommodating individuals with disabilities. Initials X \_\_\_\_\_

Signature X \_\_\_\_\_

Date \_\_\_\_\_

December 2023