

# SALT LAKE CITY DEPARTMENT OF AIRPORTS GROUND TRANSPORTATION REGISTRATION FORM



<b>SECTION 1 BUSINESS INFORMATION</b>	<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.</b>		
Business Name _____			
Type of Service <input type="checkbox"/> Courtesy <input type="checkbox"/> Transportation for Hire <input type="checkbox"/> Other ( <b>Please List</b> ) _____			
Physical Address _____		City _____	State _____ Zip _____
Billing Address ( <input type="checkbox"/> <b>Billing address is same as physical address</b> ) _____		City _____	State _____ Zip _____
Phone Number (   ) _____	Fax Number ( <b>If Applicable</b> ) (   ) _____	Business Email _____	
<b>SECTION 2 CONTACT INFORMATION</b>	<b>A minimum of one contact must be submitted. Please use N/A in fields which are not applicable.</b>		
Primary Contact _____	Title <input type="checkbox"/> CEO <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President		
Phone Number (   ) _____	Cell Number (   ) _____	Email _____	
Secondary Contact ( <b>If Applicable</b> ) _____		Title <input type="checkbox"/> CEO <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President	
Phone Number (   ) _____	Cell Number (   ) _____	Email _____	
<b>SECTION 3 ACKNOWLEDGEMENTS AND SIGNATURE</b>			
<p>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> _____</p> <p>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. Changes must be submitted within 72 hours. <b>Initials X</b> _____</p> <p>I understand that when no longer required, my AVI tag 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> _____</p>			
Signature X _____			Date _____