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PERMIT ATTACHMENT TAXICAB SERVICES OPERATOR

Des Moines Airport Authority 5800 Fleur Dr, Suite 207 Des Moines, IA 50321

Number of Operating Vehicles	Affiliated Brands (if	Affiliated Brands (if applicable) Reason for Application New Permit Renewal - Original Permit Number			
Average Vehicle Age					
) VEHICLE INFORMATIO	N				
Complete for all application types other	than TNC and off-site rental of	car operator. For additional vehic	les include Attachment Form # PE	R-PUB-00-901	
do not complete vehicle permit type col		MODEL	I LOUISE DI	ATTE #	
YEAR	MAKE	MODEL	LICENSE PI	AIE#	
INSURANCE INFORMAT		Contract Name /N	Incuronce Deller N		
nsurance Carrier Name	Insurance C	Carrier Contact Name/Number	Insurance Policy Number	insurance Policy Number	
Describe Limits					

My submission acknowledges that, if granted a Permit, I will comply with Section 9 of the Rules and Regulations of the Airport. I acknowledge that I have read and fully understand the Rules and Regulations requirements. I have also reviewed the Airports Commercial Vehicle Diagram and I will provide the same information to all drivers operating under the permit.