



PERMIT ATTACHMENT COMMERCIAL VEHICLE OPERATOR

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

SUBMIT WITH PERMIT APPLICATION FORM PER-PUB-00-900

A) APPLICANT INFORMATION

24-Hour Emergency Phone	Affiliated Brands (if applicable)
Invoice Delivery Method <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	Reason for Application <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal OR <input type="checkbox"/> Vehicle Changes (Original Permit Number _____)

B) VEHICLE INFORMATION

Complete for all application types other than TNC and off-site rental car operator. For additional vehicles include additional copies of this form without completing other Sections on the additional copies. Check ADA Vehicle if the vehicle is capable of meeting ADA transportation requirements. For request types select Remove to decommission a vehicle, Add to include a new vehicle, Update to change an existing vehicles information, and Replace to request a new transponder and permit tag. If you need a new permit tag only note 'tag only'.

YEAR	MAKE	MODEL	LICENSE PLATE #	ADA VEHICLE	REQ. TYPE
				<input type="checkbox"/> ADA Vehicle	<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Replace
				<input type="checkbox"/> ADA Vehicle	<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Replace
				<input type="checkbox"/> ADA Vehicle	<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Replace
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				<input type="checkbox"/> ADA Vehicle	<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Replace
				<input type="checkbox"/> ADA Vehicle	<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Replace

C) CAR SHARING AND OFF-SITE RENTAL CAR OPERATORS (ONLY NEW/RENEWAL PERMITS)

Complete for Car Sharing and Off-Site Car Rental Operators only.

Describe your proposed operation to include how you will deliver, park, and distribute vehicles at the Airport

D) INSURANCE INFORMATION (ONLY NEW/RENEWAL PERMITS)

Insurance Carrier Name	Insurance Carrier Contact Name/Number	Insurance Policy Number
Describe Limits		

E) STATEMENT OF COMPLIANCE

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.