



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 - Original Permit Number _____

B) VEHICLE INFORMATION

Complete for all application types other than TNC and off-site rental car operator. For additional vehicles include Attachment Form # PER-PUB-00-901, do not complete vehicle permit type column if using additional form.

YEAR	MAKE	MODEL	LICENSE PLATE #

C) CAR SHARING AND OFF-SITE RENTAL CAR OPERATORS

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

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.