ROANOKE REGIONAL AIRPORT COMMISSION
GROUND TRANSPORTATION SPECIAL EVENT PERMIT
APPLICATION

Fee:_____
Date
Paid:_____

Cash/Check

Account/Permit #

Start Date

End Date

Applicant Information

Business Name	**Contact Name**
Street Address	**Mailing Address(If Different from Street Address)**

City	**State**	**Zip**

Telephone #	**Cell Phone#**	**Fax#**

E-Mail Address	**Emergency #**

Please Provide the Reason for Your Request and the Number of Persons Involved in the Activity

Arrival Date (s)   Departure Date(s)

Vehicle Information (Must Be Completed for Each Vehicle) *Please use reverse for additional Vehicles*

Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
Number of Passenger Seats	**Body Type**				
Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
Number of Passenger Seats	**Body Type**				
Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
Number of Passenger Seats	**Body Type**				

Driver Information (Must be Completed for Each Driver) *Please use reverse for additional Driver Information*

Full Name	Driver's License Number
Full Name	**Driver's License Number**
Full Name	**Driver's License Number**

By signing this application below, you are certifying that: (i) you are the owner or lessee of the vehicle(s) to be used for ground transportation services at the airport; (ii) all drivers of the permitted vehicle(s) have the proper, valid licenses and other authorizations required by federal, state, and local authorities for each of the vehicles that they will be operating in addition to your driver(s) being aware of, and knowledgeable of the Rules and Regulations;(iii)The person signing agrees to maintain all insurance coverage in place at all times and provide the Commission with evidence of each policy's renewal ten days in advance of its annual anniversary date, as required. The person(s) signing below agrees defend, indemnify, and hold the Roanoke Regional Airport Commission, its board members, officers, agents, and employees harmless from any and all claims, causes of action, personal injury or death arising out of the negligent acts, errors or omissions of the undersigned while on Airport premises.

_____   _____
Signature of owner or lessee of the permitted vehicle(s)   *Date*

Revised 10/20/2015

Additional Vehicle Information (Must Be Completed for Each Vehicle)

Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
Number of Passenger Seats	Body Type				
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Number of Passenger Seats	Body Type				
Unit/Fleet #	Vehicle Year	Make	Model	License Plate State and #	Color
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Driver Information (Must be Completed for Each Driver)

Full Name	Driver's License Number
Full Name	Driver's License Number
Full Name	Driver's License Number
Full Name	Driver's License Number
Full Name	Driver's License Number
Full Name	Driver's License Number
Full Name	Driver's License Number