

**FRIEDMAN MEMORIAL AIRPORT
GROUND TRANSPORTATION SERVICE PROVIDER
APPLICATION CHANGE REQUEST FORM 2015**

Applicant Information

Company: _____

Contact: _____

Address: _____

Phone: _____

Business

Mobile

Email: _____

Website: _____

Permit Fees

| Description | Number of: | Amount |
|---|------------|-----------|
| New Vehicle Permit Fee: (\$400.00 per vehicle/per year for 15 passengers or less) | _____ | _____ |
| (\$600.00 per vehicle/per year for 16 passengers or more) | _____ | _____ |
| Application Change Request Fees: | | |
| Reissuance of Voluntarily Suspended Vehicle: (\$100.00/vehicle) | _____ | _____ |
| Transfers of permit to another vehicle: (\$100.00/transfer) | _____ | _____ |
| Addition of new vehicle: (\$100.00/addition) | _____ | _____ |
| Windshield Replacements: (No charge with returned permit) | _____ | No Charge |
| Total: | | |

*Make check payable to Friedman Memorial Airport

Vehicle Information

NEW VEHICLES

| Make | Model | Color | License No. | VIN # | Permit No.* |
|------|-------|-------|-------------|-------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REISSUED VEHICLES

| Make | Model | Color | License No. | VIN # | Permit No.* |
|------|-------|-------|-------------|-------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TRANSFER VEHICLES

Current Vehicles → Replacement Vehicles

| Permit No. | Make | Model | Color | License No. | VIN # |
|------------|------|-------|-------|-------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*To be assigned by Friedman Memorial Airport Manager's Office

I certify that I have read, understand and agree to comply with the terms and conditions of *Friedman Memorial Airport Authority Amended Regulation 94-1*; that all the information I have provided with this Application is current, complete and accurate; and that I am personally obligated to immediately report changes in the information provided with this Application to the Airport Manager's Office.

Signature (Permittee Only)

Date

Typed/Printed Name

Point of Contact Name

Typed/Printed Title

Point of Contact Phone Number

Entered into on behalf of Friedman Memorial Airport Authority, Friedman Memorial Airport