

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
PERMIT APPLICATION FOR
LIMOUSINE TRANSPORTATION SERVICES
AT
WASHINGTON DULLES INTERNATIONAL AIRPORT
AND
RONALD REAGAN WASHINGTON NATIONAL AIRPORT**

Date: _____

Application Fee: \$250 plus \$20 per AVI Tag

Limousine Applicant Type:

Individual Passenger Carrier/Public For Hire

Broker Company Other _____

Permit Applicant:

Name of Company or Individual: _____

Address: _____

Contact Person (see Section 3.12 of the Permit): _____

Telephone: _____ **Fax #:** _____

Email Address: _____

Government Authorization:

Virginia Maryland District of Columbia West Virginia

Other _____

Government Authorization License/Certificate Number: _____

Expiration Date: _____

Please certify by checking each box below that the applicant has performed each permit requirement. If all requirements are not checked, the Permit Application will be denied:

- Permit Applicant is in compliance with the terms, conditions and requirements of the Governmental Authorization(s) to provide Limousine Service in the jurisdiction of the Governmental Authority issuing the authorization including without limitation those terms, conditions and requirements that relate to the following matters:
 - (a) the possession of the type and required amount of insurance coverages;
 - (b) the review of records showing the criminal histories of Limousine Drivers operating Vehicles under the Governmental Authorization(s) and this Permit;
 - (c) the possession of motor vehicle operating licenses by Limousine Drivers operating Vehicles under the Governmental Authorization(s) and this Permit;
 - (d) the review of records showing the motor vehicle driving histories of Limousine Drivers operating Vehicles under the Governmental Authorization(s) and this Permit; and
 - (e) the safety inspections of the Vehicles operated by Limousine Drivers operating the Vehicles under the Governmental Authorization(s) and this Permit;

- Permit Applicant is in compliance with all insurance requirements as required by the Government Authorization(s) (a copy of the certificate(s) of insurance on the industry standard form (ACORD 25) with the Metropolitan Washington Airports Authority and its directors, officers, employees, agents and volunteers identified as additional insureds, is enclosed with this Permit Application).

- Permit Applicant is in compliance with all federal, state and local laws and regulations applicable to the Limousine Service that is provided under this Permit.

- Permit applicant has provided training to all Limousine Drivers who will operate under this Permit at the Airports which shall include but not be limited to instructions regarding:
 - (a) the roadway system on the Airports, Designated Waiting Areas, and Pick-Up and Drop-Off Areas;
 - (b) the requirements under any Government Authorization(s) regarding the display of decals, trade dress, or other form of visible identification;
 - (c) the requirements under any Government Authorization(s) regarding registration for providing Limousine Service authorized by this Permit; and
 - (d) the provisions of this Permit and the Metropolitan Washington Airports Regulations which place requirements, prohibitions, or other conditions upon Limousine Drivers operating at the Airports, including those regarding the use of the Airport roadways and facilities, the possession of a record of information available to Authority law enforcement officers and others upon their request, and Solicitation.

I hereby certify that _____ (Applicant Company Name) agrees to comply at all times with the requirements and conditions of the Permit issued in response to this Application and with the Metropolitan Washington Airports Regulations, as they may be amended.

I understand that any false or misleading, incomplete, or inaccurate information provided in this Permit Application shall constitute grounds for immediate termination or revocation of the Permit.

By: _____
(Signature)

Print: _____

Title: _____

For: _____
(Applicant Company Name)

Date: _____

Please submit the items listed below by attaching to an email and sending to Limo.Permit@mwaa.com.

Or send via US mail to:

Airport Administration Department (MA-130)
Metropolitan Washington Airports Authority
Terminal A, Room 146
Ronald Reagan Washington National Airport
Washington, DC 20001

- 1. Completed & Signed Permit Application.**
- 2. Please include a copy of the vehicle registration of each vehicle you will be adding to the permit.**
- 3. Copy of Government Authorization for the provision of Limousine Services**
- 4. Certificate(s) of Insurance (form Acord 25 with the Metropolitan Washington Airports Authority identified as additional insured.**

Upon approval of the permit application by the Metropolitan Washington Airports Authority, the Permit Applicant will receive an email with instructions on how to obtain the executed Permit, vehicle decals, and Automated Vehicle Identification (AVI) tags. **Payment of the \$250 Application Fee and \$20 for each AVI tag must be collected from the Permit Applicant prior to issuing the executed Permit.**

If you have any questions regarding the Permit Application please email us at limo.permit@mwaa.com.

LIMOUSINE PERMIT APPLICANT: _____

1. Have you, at any time beginning 2015 to the present date, been the holder of a limousine permit issued by the Metropolitan Washington Airports Authority?

Yes No

2. Have you, at any time beginning 2015 to the present date, been the owner [full or partial] of a company to which a limousine permit was issued by the Metropolitan Washington Airports Authority?

Yes No

3. If your answer to Questions 1 or 2 is yes, for each such permit, please provide the following information:

Name of Permit Holder (Individual or Company)	Permit Number	Date Issued

4. Do any of the permit holders listed in response to Question 3 owe the Airports Authority any of the following?

* Unpaid Limousine Access Fees (i.e., the \$4/limousine trip fee charge)? Yes No

* Unpaid Fines? Yes No

* Unpaid AVI tag replacement fees? Yes No

5. If your answer to Question 4 is yes, please provide the following details:

Name of Permit Holder (Individual or Company)	Amount Owed to MWA

I certify that the above information is true and complete, and I understand that a failure to respond to the above questions in a truthful and complete manner may result in a denial or revocation of my permit.

Name (Print): _____

Signature: _____ Date: _____