

 <p style="font-size: 1.2em; margin: 0;"><b>PORT OF BELLINGHAM</b></p> <p style="font-style: italic; margin: 0;">Washington State</p>	<p style="text-align: center; font-weight: bold; font-size: 1.1em;">Ground Transportation Service Operator (GTSO)</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">Vehicle Operating Permit Form</p> <p style="font-size: 0.9em;"> <input type="checkbox"/> New Application  <input type="checkbox"/> Renewal Application  <input type="checkbox"/> Adding/Replacing Vehicles         </p>	<p style="font-size: 1.1em;">Permit Year</p>
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<b>SECTION I: Business Information</b>	
<b>Business Name:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>Business <u>Owner</u> Name:</b>
<b>Business Location Address (Street, City, State &amp; Zip)</b>	<b>Business Telephone:</b> <b>Business Fax:</b> <b>Cell Telephone:</b>
<b>Business Mailing Address (Street, City, State &amp; Zip)</b>	<b>E-mail Contact Information:</b>  <b>Website (if applicable):</b>

<b>SECTION II: Please check the type(s) of service being provided by Ground Transportation Service Operator:</b>	
	Courtesy Hotel/Motel Shuttle Operator
	Taxi Cab, Town Car, or Limousine Operator
	For Hire Shuttle/Bus Operators
	Offsite Parking Lot Operators

<b>SECTION III: Ground Transportation Operating Permit Information</b>	
<b>Number of Requested Permits For Each Service:</b>	<b>Service Category:</b>
	Courtesy Hotel/Motel Shuttle Operator
	Taxi Cab Operator
	Limousine Operator
	For Hire Shuttle/Bus Operators
	Offsite Parking Lot Operators



Appendix C

**SECTION V: Sign and Acknowledge**

I understand that any omitted information or information found to be inaccurate could result in the denial of this application for a Ground Transportation Vehicle Operating Permit. I agree to abide by the Bellingham International Airport Commercial Ground Transportation Service Operator Requirements, the Bellingham International Airport Rules and Regulations, the Port of Bellingham License to Operate Requirements and all applicable City, State and Federal Regulations.

By signing below I agree to all of the terms prescribed in this application and acknowledge receipt of the Airport Commercial Ground Transportation Service Operator Requirements.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of GTSO Representative      Printed Name of GTSO Representative      Date