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## PERMIT ATTACHMENT TAXICAB SERVICES OPERATOR

Des Moines Airport Authority 5800 Fleur Dr, Suite 207 Des Moines, IA 50321

APPLICANT INFORMA			-)			
Number of Operating Vehicles  Average Vehicle Age		Affiliated Brands (if applicable)				
		Reason for Application  New Permit Renewal - Original Permit Number				
VEHICLE INFORMAT						
Complete for all application types complete vehicle permit type colum	other than TNC and	off-site rental car operate l form.	or. For additional vehicl	es include Attachn	nent Form # PUB-0002, do n	
YEAR	MAKE		MODEL	LICENSE PLATE #		
INSURANCE INFORM	ATION —					
Insurance Carrier Name		Insurance Carrier Cor	ntact Name/Number	Insurance Policy	Number	
Describe Limits						

## D) 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.