



PERMIT ATTACHMENT COMMERCIAL VEHICLE OPERATOR

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

SUBMIT WITH PERMIT APPLICATION FORM PER-PUB-00-900

A) APPLICANT INFORMATION

24-Hour Emergency Phone	Affiliated Brands (if applicable)
Invoice Delivery Method <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	Reason for Application <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal OR <input type="checkbox"/> Vehicle Changes (Original Permit Number _____)

B) VEHICLE INFORMATION

Complete for all application types other than TNC and off-site rental car operator. For additional vehicles include Attachment Form # PER-PUB-00-901, do not complete vehicle permit type column if using additional form.

YEAR	MAKE	MODEL	LICENSE PLATE #	REQ. TYPE
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C) CAR SHARING AND OFF-SITE RENTAL CAR OPERATORS (ONLY NEW/RENEWAL PERMITS)

Complete for Car Sharing and Off-Site Car Rental Operators only.

Describe your proposed operation to include how you will deliver, park, and distribute vehicles at the Airport

D) INSURANCE INFORMATION (ONLY NEW/RENEWAL PERMITS)

Insurance Carrier Name	Insurance Carrier Contact Name/Number	Insurance Policy Number
Describe Limits		

E) 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.