| SYRACUSE GROUND TRANSPORTATION PERMIT NUMBER | | | | |
|---|--|---|----|--|
| REGIONAL APPLICATION | | | | |
| | ed 4/4/19 | | ┛┃ | |
| PERMIT REQUESTED Original Renewal Transfer PERMIT STATUS (Administrative Fill out below) APPROVED DENIED Permit Approved or Denied By H. Jason Terreri Exercise Director | All application questions m Any questions left blank or corresult in the delay, denial, suspermit. All applicants must submit, NYS registration document, v valid proof of for-hire insurance this application. If applying as a Company, copies of certificates of partner association as well as a certificate of partner associated as a certificate of partner associated as a cere | ontaining false replies may spension or revocation of suc , with this application, a valid valid proof of ownership and ce for the vehicle subject to Business or other such entity ership, corporation or ficate indicating operation | y, | |
| Executive Director Date DATE ISSUED EXPIRATION | under an assumed name (BDA) must be submitted with this application. 4. If the application is for a TRANSFER of a previously granted permit to a different vehicle, the actual physical Permit must be surrendered and attached to the application | | | |
| APPLICANT | INFORMATION | | | |
| Applicant Full Address (where mail is delivered) | | City of Syracuse Hack | _ | |
| VEHICLE INFORMATION | | | | |
| Vehicle Year, Make, Model and Color | | | - | |
| Vehicle Identification Number (VIN) | V | /ehicle License Plate | - | |
| Company/DBA/Independent | C | City of Syracuse GTL # | - | |
| SRAA Inspector Name (Print) | SRAA Inspecti | ion □ Pass □ Fail | | |
| ATTESTATION | | | | |
| County of Onondaga City of Syracuse I, the undersigned, hereby apply to the Syracuse Regional Airport Authority for a Ground Transportation Permit to operate as a provider of Ground Transportation services at Hancock International Airport and for that purpose I declare that, subject to the penalties of perjury, any statements made on or in connection with this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge are true and correct. I understand that any deliberate misrepresentation or omission of facts may be cause for denial of such permit or therevocation of same if already issued. I understand that all statements made in connection with this application are subject to verification. I, | | | | |
| Sworn or Affirmed to before me this day of, 20 | | | | |
| Notary Public or Commissioner of Deeds | Signature of Applicant | | | |



GROUND TRANSPORTATION PERMIT APPLICATION

PERMIT NUMBER

Updated 4/13/19

AUTHORITY

ADMINISTRATIVE

□ Valid New York State Vehicle Registration Card.

□ Valid Proof of Ownership; Title document or DMV Retail Certificate of Sale (DMV Form MV-50).

□Valid proof of For Hire Insurance (FH1).

□Valid Class E minimum (with a Passenger endorsement) NYS Driver's License.

If applying for other than an individual, copies of certificates of partnership, corporation or association as well as documents indicating operation under an assumed name (DBA).

□ All required documents (copies) must be attached to the application form.

□ If for a TRANSFER: the previously issued Permit must be surrendered and attached to Application.

The non-refundable application fee, submitted in either a check or money order, made payable to the Syracuse

Regional Airport Authority has been received.

Any taxicab operator who has submitted all required paperwork and a \$750.00 cashier's check or money order, that is Not granted an SRAA Ground Transportation Permit will be charged a \$100.00 filing fee. The balance of funds will be returned to the operator.

NOTE TO APPLICANTS

The owner and any operators of any vehicle requesting the issuance of an Syracuse Regional Airport Authority (SRAA) Ground Transportation Permit (GTP) must attend an SRAA Safety and Compliance training session within three months of receiving the GTP. All Drivers must possess a valid City of Syracuse Taxicab Driver's License (HACK) with an Airport endorsement.

This training will be scheduled and conducted by representatives of the SRAA prior to the original issuance of a GTP or prior to an SRAA endorsement upon a City of Syracuse Taxicab Driver's License (HACK).

Applicants and operators may be required to attend re-fresher training upon the demand of the SRAA. Failure to attend same training or to comply with the safety and compliance requirements discussed may result in the denial, suspension or revocation of the GTP permit in guestion or the removal of the SRAA endorsement upon the City of Syracuse HACK.

The vehicle receiving the GTP must have an operation Taximeter installed and the correct City of Syracuse rates of fare programmed. The Taximeter shall be sealed during the vehicle inspection process.

The vehicle upon which the Ground Transportation Permit (GTP) will be issued must pass a Safety and Compliance Inspection conducted by a representative of the SRAA. This inspection will be completed for an original issuance, renewal or transfer of the permit as well as sporadically throughout the term of the permit to ensure compliance. The failure to pass same inspection or comply with the inspection request may result in the denial, suspension or revocation of the permit in question.

The suspension, revocation or other invalidation of any New York State issued Driver's License or Vehicle Registration, or the suspension or revocation or other invalidation of required for-hire insurance upon a GT permitted vehicle, shall be cause for the mimmediate suspension of GTP privileges at Hancock Airport. The GTP must be surrendered to the SRAA until which time the suspension, revocation or other invalidation has been lifted.

Compliace with all New York State Vehicle & Traffic Laws is required while operating with a SRAA GTP. The failure to do so mayresult in the denial, suspension or revocation of the GTP.

| ADMINISTRATIVE | | | | | |
|--------------------------------|-------------------------------|--|---|--|--|
| Date of Application Submission | Date Submitted for LEA Review | Approved Denied Date Returned to SRAA | _ | | |
| Application Fee Paid | Date of Vehicle Inspection | □ Pass □ Fail | | | |