

Charleston Regional Aviation Authority Landside Operations Ground Transportation Permit Application							
Pemit Number						Cab #	Business
Company						Email	
Contact						Phone	City
Mailing Address						State	Zip Code
Comments							
Vehicle Information							
Year		Make		Model		Color	Tag Number
1st PSC	2nd PSC					State	Vin Number
Insurance Company						Ins. Expires	Vehicle Change
Active Period							
Permit Issue Date				Date Expire			
Permit and Fee Information							
Charter			Replacement		Date Replaced		
Hotel/Courtesy			Replacement		Date Replaced		
Off Airport Parking			Replacement		Date Replaced		
Off Airport Rental Cars (Peer to Peer)			Replacement		Date Replaced		
Special Military			Replacement		Date Replaced		
Taxi			Replacement		Date Replaced		

I hereby certify that the information provided is true and accurate and that I fully understand the contents of the Ordinance No. 2018--01 regulating Landside Operations Ground Transportation at the Charleston International Airport; Charleston, SC

Applicant Signature

Applicant Title

Date _____

Issued By

Date