

Office Use Only Received

John Glenn Columbus International Airport 2025 Commercial Ground Transportation Permit Application

The Columbus Regional Airport Authority ("CRAA") reserves the right to request any additional information as it deems necessary, in its sole discretion, to ensure the safety and security of our customers and facilities.

Electronic fillable versions of this application are available at: https://flycolumbus.com/business/ground-transportation-services/

Applications may be submitted:

- In person at the CRAA Parking & Ground Transportation office next to the north loading dock,
- By mail at: Columbus Regional Airport Authority

Attn: Parking & Ground Transportation, GT Permit

4600 International Gateway Columbus, Ohio 43219

- By email to: pgtcmh@columbusairports.com.

Questions regarding this Application for GT Permit may be directed to **Vicki Miller, Manager, Parking & Ground Transportation Operations** at vmiller@columbusairports.com or (614)239-3088.

Business and Contact Information	
Company Name (Legal business name)	
DBA/Trade Name (If different)	
☐ Off-Site Parking ☐ Hotel Courtesy ☐ Taxi (metered) *attach valid City of Columbus	icense
Type of business Medical Transport *attach valid Ohio certification	
☐ Charter Bus USDOT#PUCO#	
☐ Other *must attach applicable information	
Vehicle Accessibility Are all vehicles accessible? Yes No *provide readily available equivalent ser	vices
Business Address	
City, State and Zip	
Mailing Address (If different)	
City, State and Zip	
Business Phone	
Business Website	
Primary Contact	
Name/Title	
Email	
Phone/Fax	
Secondary Contact	
Name/Title	
Email Phone /Fox	

Applicant must complete and submit all required documents in this **Permit Application** and **Application Checklist**, including current vehicle registrations and proof of insurance.

All documents must be legible.

I Agree, Acknowledge and Attest:

I am an authorized representative of and have the legal authority to enter into agreements on behalf of the Company listed above. I certify that the information contained in this Application, including its Checklist and required attachments, is true and accurate and that all applicable licenses, permits and other authorizations necessary to operate at the John Glenn Columbus International Airport have been obtained and submitted.

I understand the Company name and contact information provided may be displayed on CRAA's website(s) as an authorized ground transportation provider.

I hereby agree to operate and do business at the Airport consistent with all applicable federal, state and local laws, regulations and ordinances and according to CRAA's Rules and Regulations for the Airport, which can be amended at any time.

I agree to indemnify, defend, and hold harmless CRAA, and its directors, officers, employees, agents, contractors, subcontractors, lessees, and sublessees ("the Indemnified Parties") from and against all liabilities, claims, costs, suits, demands, actions, damages, judgements, fines, losses, and expenses including, but not limited to, fees of attorneys or other professional consultants of CRAA's own choosing, arising out of, caused by, incidental to, or resulting from the use or exercise of the rights authorized by any Ground Transportation Permit issued by CRAA, provided that such liabilities, claims, costs, suits, demands, actions, damages, judgements, fines, losses and expenses are (i) attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property, and (ii) is caused in whole or in part by any negligent acts or omissions of the Applicant/Permit Holder, anyone directly or indirectly employed by it, anyone it allows to act on its behalf including driving vehicles operating under the name of the Applicant/Permit Holder, or anyone whose acts for whom it may be liable, regardless of whether or not such liabilities, claims, costs, suits, demands, actions, damages, judgements, fines, losses and expenses are caused in whole or in part by a party indemnified hereunder. Such obligation shall not be construed or negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exist as to a party or person described herein.

I shall promptly reimburse CRAA, the other Indemnified Parties, and its successors and assigns, for any cost, expense, or fees of attorneys or other professional consultants of CRAA 's own choosing incurred on account of any such liabilities, claims, costs, suits, demands, actions, damages, judgements, fines, losses and expenses, or incurred in enforcing the terms of the license, permit or this Application. The indemnification obligations herein are not limited by a limitation on amount or type of damages, compensation or benefits payable by or for the Applicant/Permit Holder under worker's compensation acts, disability benefit acts, other employee benefit acts, or under any insurance coverage required or provided in the use or exercise of the rights authorized by any Ground Transportation Permit issued by CRAA.

I understand CRAA has the right to revoke and/or terminate any licenses, permits or other authority granted in its sole discretion.

Should there be any changes in the information or documents provided, I will notify the Airport's Parking & Ground Transportation office immediately at:

pgtcmh@columbusairports.com.

Signature:	Date:			
Name:				
Title:				



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Commercial Ground Transportation Permit Application Checklist

Pick-up and Drop-off fees are assessed in accordance with the current <u>Schedule of Fees, Rates and Charges</u>, as approved by the CRAA Board of Directors.

A copy of the current Schedule of Fees, Rates and Charges is available online at: https://columbusairports.com/about-us/investor-relations.

A copy of the current CRAA Rules and Regulations is available online at: https://columbusairports.com/storage/production/20190318080435-rules-and-regulations-of-craa.pdf.

Applicants must submit:

- 1. Completed and Signed Permit Application
- 2. Vehicle Schedule
- 3. ACORD Certificates of Insurance meeting the following criteria:
 - a. Commercial General Liability coverage no less than \$1,000,000
 - b. Automobile Liability coverage no less than \$300,000 (\$500,000 if vehicles registered outside Ohio)
 - c. CRAA must be listed as Certificate Holder and Additional Insured as:

Columbus Regional Airport Authority 4600 International Gateway Columbus, Ohio 43219

- d. Minimum notice of 10 days for policy cancellations required
- e. Must provide coverage for all vehicles listed on schedule unless certificate provides for "any auto"
- f. Worker's Compensation Insurance or evidence not required to carry under Ohio law
- 4. Credit Card Authorization Once permit is approved Applicant/Permit Holder agrees to pay by credit card pursuant to the Credit Card Authorization on file, but if charges are invoiced payment shall be no longer within thirty (30) days of the invoice date, with any fees assessed by CRAA. Applicant/Permit Holder also agrees that if at any time the account exceeds thirty (30) days past due, access to the Ground Transportation area will be restricted until the account is paid in full. CRAA may require Applicant/Permit Holder to pre-pay for future activity at CRAA facilities.

For approved permits, there is a **\$20** fee for each Automatic Vehicle Identification ("AVI") sticker issued to all new vehicles in any fleet of permit holders. Any vehicle decals issued by CRAA will be immediately and permanently attached to the rear window of the vehicle for which they are assigned and may not be transferred from the vehicle to which they are assigned.

For damaged decals - mail or drop off the damaged decal and a new one will be issued. **CRAA CHARGES A \$5.00 REPLACEMENT FEE.** If you sell a vehicle, the decal must be removed and returned to CRAA.

Decals are the sole property of CRAA and shall not be sold or conveyed to another party. Any person who fails to return a decal upon the request of CRAA, or upon the sale or transfer of the vehicle, Permit Holder may be charged with petty theft pursuant to Section 2913.02 (A)(2), Ohio Revised Code.

Vehicle Schedule

Please list all vehicles in your fleet that will be used at CMH. Vehicle number is any identifying number assigned to the vehicle by your company and displayed on the exterior of the vehicle. If this does not apply, please write "N/A" in the blank. Please complete the vehicle's license plate number, state or registration, model year, make, model, VIN and passenger capacity,

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Credit Card Authorization

To ensure prompt billing and accurate access charges, the below form authorizes CRAA Parking and Ground Transportation Department to charge the credit cards kept on file and included in this Application for all access charges to and from the Ground Transportation area and the Airport. Please be advised, the number of trips will correspond to the number of charges (4 trips = 4 charges). Two (2) credit cards are required and CRAA charges the credit card designated as primary nightly for the previous day; provided, however, the secondary credit card will be used if the primary card is unable to accept the charges for any reason. In the event both credit cards are unable to be charged, Permit Holder may be subject to deactivation of all AVI devices until payment is received. All AVI devices issued to Permit Holder will be included in this system regardless of the access fee associated with the device or the frequency of use. Permit Holders activity for the previous month will be emailed to email address provided. Please contact the Parking & Ground Transportation office with any credit card changes as soon as possible. Be advised that your primary and secondary credit cards must be able to accept our daily charges; please ensure both cards have enough credit availability each day. Frequent denied transactions may result in the suspension, revocation or termination of your Ground Transportation permit.

Credit or debit cards only. Prepaid cards do not work with our system.

For the security of your payment information, please do not email credit card information.

Billing Information Company Name **DBA Name** Address City, State, Zip Billing Contact/Title Email Phone/Fax Office Use Permit Type Notes **Primary Credit Card** Name on Card Card Number CVV: Expiration Card Type **Secondary Credit Card** Name on Card Card Number CVV: Expiration Card Type