



long beach
airport

where the going is easy®

GROUND TRANSPORTATION APPLICATION INSTRUCTIONS

The following items must be properly completed and submitted to apply for a Non-Exclusive License Agreement. The Permit process may take up to 4 weeks to complete once all documents are properly submitted.

1. Complete the application in its entirety, and pay a non-refundable \$120 application fee, (payable by check made out to City of Long Beach).
2. Attach a copy of Public Utilities Commission (PUC) Certificate.
3. Attach a copy of Business Registration (for example, Business License or Tax Certificate from city of business operation).
4. Attach a copy of:
 - a. Fictitious Business Name Statement (DBAs)
For DBAs, provide a copy of the Fictitious Business Name Statement.
 - b. Corporate Documentation (Inc or LLC)
A Corporation, Limited Liability Company or Limited Partnership must be registered and have an approved status with the California Secretary of State. Provide a copy of the legal entity's Articles of Incorporation or Articles of Organization for a Limited Liability Company or Limited Partnership, as applicable.
5. Vehicle Registrations: Provide a current copy of DMV commercial registration for each vehicle. All vehicles must be registered in the company name; no private vehicles are permitted (unless the company is a sole proprietor).
6. Attach your Certificate of Liability insurance, Vehicle Schedule, & Additional Insured Endorsement provided by your auto insurance broker.

Note (1): The ADDITIONAL INSURED ENDORSEMENT required by the City of Long Beach must explicitly state, "City of Long Beach, its agents, officials, and employees are named as additional insured as respects their interest in the operation of the named insured."

Note (2): The INSURANCE CANCELLATION PROVISION found on the certificate of liability insurance should explicitly state, "Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to certificate holder."

NOTE: The legal business name and operating name must be consistent on ALL documents submitted.

7. Return all items together, as specified in Steps 1-6 above, to:
Long Beach Airport
Attn: Ground Transportation
4100 Donald Douglas Drive
Long Beach, CA 90808

If you have any questions, please call the Ground Transportation Office at: (562) 570-2629.

For Office Use Only			
Check/CC	Amount	Initials	Date

**LONG BEACH AIRPORT
APPLICATION FOR A NON-EXCLUSIVE LICENSE AGREEMENT TO CONDUCT A
GROUND TRANSPORTATION SERVICE FROM THE AIRPORT**

The undersigned holder of a Charter Party Carrier of Passenger (TCP) certificate or permit, issued by the Public Utilities Commission to conduct Chartered Vehicle (Sedan, Limo, SUV, Van, Bus) Transportation Service, hereby applies to the City of Long Beach, Long Beach Airport, for a Non-Exclusive License Agreement allowing access to the premises of the Long Beach Airport and provides the following information:

1. **Company Name:** _____
(print or type all information)

2. **Name of Applicant:** _____
(first) (last)

3. **Applicant is (check one):** an Individual a Partnership a Corporation

Names of all partners or corporate officers who are authorized to sign contracts:

Name	Title	% of ownership

4. **Address:** _____
City, State, Zip: _____

5. **Bus. phone:** _____ **Cell:** _____

6. **Email:** _____

7. **Attach a copy of your Public Utilities Commission TCP Certificate or Permit to operate as a Charter-Party Carrier of Passengers. Circle Certificate or Permit type: A B C P S Z**

TCP No. _____ **Expiration Date:** _____

8. **Attach a copy of Business Registration, such as a City Business License or Tax Certificate.**
License Number: _____ **City of Issuance:** _____

9. **Federal Tax Identification Number:** _____

10. Attach a copy of:

a. **Fictitious Business Name Statement (DBAs)**

For DBAs, provide a copy of the Fictitious Business Name Statement.

b. **Corporate Documentation (Inc or LLC)**

A Corporation, Limited Liability Company or Limited Partnership must be registered and have an approved status with the California Secretary of State. Provide a copy of the legal entity's Articles of Incorporation or Articles of Organization for a Limited Liability Company or Limited Partnership, as applicable.

11. List all vehicles that will operate at LGB. Provide a current copy of DMV registration for each vehicle. All vehicles must be registered in the company name; no private vehicles are permitted (unless the company is a sole proprietor).

Make	Model	Year	Plate number

(add additional sheets as needed)

12. Attach your Certificate of Liability Insurance, Vehicle Schedule, & Additional Insured Endorsement.

Note 1: The ADDITIONAL INSURED ENDORSEMENT required by the City of Long Beach must explicitly state, "City of Long Beach, its agents, officials, and employees are named as additional insured as respects their interest in the operation of the named insured."

Note 2: The INSURANCE CANCELLATION PROVISION found on the certificate of liability insurance should explicitly state, "Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to certificate holder."

13. _____

signature of person authorized to sign this application	title
_____	_____
print name	date

Note: The legal business name and operating name must be consistent on all documents submitted.

Submit all required documents and completed application together with a non-refundable \$120 check to:

Long Beach Airport
Attn: Ground Transportation
4100 E. Donald Douglas Drive
Long Beach, CA 90808

Make check payable to *City of Long Beach*. Processing takes 4 to 6 weeks.
If you have questions, call (562) 570-2629.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Long Beach, its agents, officials and employees are named as additional insured as respects their interest in the operation of the named insured. Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder.

CERTIFICATE HOLDER**CANCELLATION**

City of Long Beach Long Beach Airport 4100 E. Donald Douglas Drive Long Beach, CA 90808	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Long Beach, its Officials, Employees and Agents
4100 Donald Douglas Drive
Long Beach, CA 90808

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SAMPLE

AGENCY CUSTOMER ID: _____



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER			NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)		

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	PP	SPEC	COML							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP					
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT	\$	\$
FARM		SERVICE					FTW	COLL				\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER:				TOTAL PREM: \$						

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	PP	SPEC	COML							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP					
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT	\$	\$
FARM		SERVICE					FTW	COLL				\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER:				TOTAL PREM: \$						

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	PP	SPEC	COML							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP					
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT	\$	\$
FARM		SERVICE					FTW	COLL				\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER:				TOTAL PREM: \$						

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	PP	SPEC	COML							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP					
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT	\$	\$
FARM		SERVICE					FTW	COLL				\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER:				TOTAL PREM: \$						

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	PP	SPEC	COML							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP					
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT	\$	\$
FARM		SERVICE					FTW	COLL				\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER:				TOTAL PREM: \$						



long beach
airport

Ground Transportation Service Provider Application Frequently Asked Questions

How much does it cost to apply for a License Agreement?

- The application fee is \$120 (non-refundable).

How long does approval take?

- Approval takes up to four weeks.

Are there more fees after approval?

Yes, after approval you will receive an invoice for the annual fee based on your fleet size:

- 1-5 cars = \$100 per year
- 6-10 cars = \$150 per year
- 11+ cars = \$200 per year

Is there a fee for each trip my company makes to and from the Airport?

- Yes, after approval you must self-report all trips you make to and from the Airport.

How much are the fees for each trip?

Trip Fees are based on vehicle seating (not passengers) as follows:

- Five or fewer seats: \$1.00 per pick-up, \$1.00 per drop off
- Six to 14 seats: \$1.50 per pick-up, \$1.50 per drop off
- 15 seats or more: \$5.00 per pick-up, \$5.00 per drop off

Where can I find report forms and information about self-reporting?

- Contact the Ground Transportation office at (562) 570-2629, or airportgt@longbeach.gov

How often must trips to and from the Airport be reported?

- Trip reports must be filled out and submitted with payment every quarter.

What if my company doesn't make any trips to the Airport for an entire reporting period?

- Trip reports must be submitted each quarter, even if you didn't have any trips.

Can I submit my trip report by email?

- Yes, submit your quarterly report to airportgt@longbeach.gov .

Can I submit my trip reports and payments in the mail?

- Yes, you can send your trip report with a check through the mail.

Can I pay in person?

- Yes, you can bring payments to the GT Office and pay by check or credit card.

Who do I make the check out to?

- Make checks payable to City of Long Beach and write your TCP number on the check.

Can I make a credit card payment over the phone?

- Yes, call the Ground Transportation office at (562) 570-2629.

Do you accept cash?

- No.

I already have a permit with another airport. Do I still need to apply at Long Beach Airport?

- Yes, if you want to pick-up passengers at LGB, you must have a permit here.

Does my transponder from another airport work at Long Beach Airport?

- No, Long Beach Airport does not use transponders.

Do you issue stickers for my vehicles?

- No.

Do I need to display my TCP number on my vehicles?

- Yes, your TCP number must be displayed on the front and rear bumpers of your vehicles.

I have a TCP number, but I am also with a TNC; do I still need a License Agreement?

- No, but you must follow TNC rules. The TNC trade dress must be on the front windshield of your vehicle, and your app must be open while you are on Airport property.

Who do I call if I have more questions?

- Call the GT Office at 562-570-2629, or send an email to airportgt@longbeach.gov

Where is the GT Office located?

- Long Beach Airport
4100 E. Donald Douglas Drive, 2nd Floor
Long Beach, CA 90808

When is the GT Office open?

- 8am to 4pm Monday thru Friday
- Closed on alternating Fridays
- Closed Saturday and Sunday