



**CITY OF AUSTIN
AUSTIN TRANSPORTATION DEPARTMENT**

Application for Transportation Network Company Agreement

1. Service Name: _____ Telephone #: _____

Business Address: _____ Fax #: _____
Street City State Zip

Email Address _____

2. The following information must be provided for the applicant, each officer, director, partner, and any other person who will participate in the business decisions of or who has the authority to enter into agreements on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.

Name: _____ Driver's License #: _____ State: _____

Address: _____ Telephone #: _____
Street City State Zip

Number of years of Texas residency: _____

Provide a description of all criminal convictions and attach a criminal history certified by the Texas Department of Public Safety. If Texas residency has been less than three (3) years, the criminal history information must be provided and certified by the corresponding governmental authority in the former state(s) of residence. The certification of the criminal history information must have occurred within 30 days preceding the submission of the application.

3. Name of Insurance Co.: _____ Agent Name: _____

Agent Phone #: _____ Agent Insurance License #: _____

4. The applicant must provide the following information and attach as part of the application:

- a. Certified copies of any documents required by state law to be filed for the business entity to legally exist, and a statement from the Texas Secretary of State certifying that the business is in good standing if state law requires the entity to file documents with the Texas Secretary of State.

