



Transportation and Public Works Department

P.O. Box 1088 Austin, TX 78767
512-974-1150

Ground Transportation Operating Authority Application

1. Service Name: _____ Telephone #: _____

Business Address: _____ Fax #: _____

Street City State Zip

Email Address _____

2. Please **circle** the type(s) of Operating Authority requested:

Limousine Service | Shuttle Service | Charter Van | Pedicab Service

Electric Assist Pedicab Service | Group Cycle | Touring/Sightseeing | Taxicab Service

3. 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 contracts on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.

Name: _____ Texas Driver License #: _____

Address: _____ Telephone #: _____
Street City State Zip

4. Number of years of Texas residency: _____

Contact IdentoGO at 1-888-467-2080 to schedule an appointment to submit your fingerprints for a DPS nationwide background report. Ensure that you provide them with the City's six-digit service code. Once you have submitted your application, ensure to contact our office to receive the service code for your background check.

5. Describe all criminal convictions and attach any final dispositions, probation certificates, community service, certified documents, defensive driving, etc., you wish to provide to support items listed on your background and/or driving record. If more space is required, please attach an additional sheet.

6. Number of permits requested for each service:

- Limousine _____ (Minimum 1 Stretch Limo OR 4 Luxury SUV)
- Shuttle _____ (Minimum 10)
- Charter Van _____ (Minimum 1)
- Pedicab _____ (Minimum 1)
- Electric-Assist Pedicab _____ (Minimum 1)
- Group Cycle _____ (Minimum 1)
- Touring/Sightseeing _____ (Minimum 1)
- Taxicab Service _____ (Minimum 23 Regular & 2 WAV)

7. Provide the following information for each vehicle to be used to provide the service (if additional space is needed include on a separate page):

Yr.	Make	Model	Body Style	Capacity	LP	VIN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

Agent Phone #: _____ Agent Insurance License #: _____

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

- Copies of the appropriate following documents to verify that each vehicle proposed to be operated by the applicant is owned, leased, or under contract by the applicant:
 - Certificate of Title.
 - Lease/rental contract, or
 - Other contract as appropriate.
- 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.
- A description of the applicant's ground transportation service experience.
- A detailed description of the proposed service.
- The proposed rate of fare.
- An Acord certificate of liability insurance as proof of insurance coverage, listing the City of Austin as additional insured with the following address: City of Austin, 1501 Toomey Rd. Austin Texas, 78704 Attn: Courtney R. Henry
- An affidavit certifying that there are no outstanding judgments related to ground transportation service against a person described in Item #3 of this application.
- A copy of the company's Independent Contractor Agreement.

