

**San Luis Obispo County Regional Airport
Commercial Ground Vehicle
APPLICATION CHECKLIST**
(ALL ITEMS MUST BE PROVIDED FOR PERMIT CONSIDERATION)

Company Name: _____

Date: _____

- | | Attachment |
|--|--------------------|
| 1. Executed Access Permit Application _____ | (A) |
| 2. Required Insurance Documents | (Exhibit A) |
| a. Sample Insurance Certificate _____ | |
| b. Sample Additional Insureds Endorsement _____ | |
| 3. Mechanical Inspection _____ | (B) |
| 4. Vehicle List [with attached copies of Insurance Card(s) and DMV registration(s)] _____ | (C) |
| 5. Driver List [with driver license number(s) and driver permit(s)] _____ | (D) |
| 6. Copy of current P.U.C., I.C.C. or D.O.T. authority, whichever is applicable _____ | |
| 7. County of San Luis Obispo Weights & Measures Registration Certificate _____ | |

Notes:

Commercial Operation Permit Processing Fee [\$75.00] _____

Permit Reinstatement Processing Fee [if applicable] _____

(Effective 7/1/2010)

1st occurrence [\$100.00]

2nd occurrence (within 12 months of 1st) [\$200.00]

3rd occurrence (each thereafter within 12 months) [\$200.00]

By: _____

Name: _____

Title: _____

FOR AIRPORT STAFF USE ONLY

ATTACHMENT "A"
PERMIT APPLICATION

(2/10) Please allow minimally 5 business days turn around

1) PERMITTEE(S) APPLICANT FULL NAME _____

Sole Proprietorship

Partnership

General or Limited

Statement of Partnership Recorded _____ in _____

(Date) (State)

Corporation or Limited Liability Company L.L.C. Incorporated _____ in _____
(Date) (State)

Attach List of Officers and Directors with names and addresses (Attachment "E")

2) PERMITTEE APPLICANT CONTACT NAME: _____

3) HOME ADDRESS (*Primary Address if more than one*): _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

4) BUSINESS ADDRESS (*Primary Address if more than one, to be used for "Noticing". Cannot use a P.O. Box*)

Street: _____

City, State, Zip: _____

5) PERSONAL INFORMATION: [*Complete Driver's Information (Attachment "C") for applicant and all drivers*]

6) REASON FOR PERMIT: _____

7) CITIES PROPOSED TO BE SERVED: (*List All*) _____

8) # OF VEHICLES _____, # OF DRIVERS: _____ (*List Drivers Individually on Attachment "C"*)

ADDITIONAL SHEETS ATTACHED. COPIES OF EACH DRIVER'S LICENSE WILL NEED TO BE PROVIDED ALSO.

9) BUSINESS AND COMPANY VEHICLE INSURANCE PROVIDER: _____

Please submit Evidence of Insurance (SEE EXHIBIT "A" ATTACHED FOR IMPORTANT INSURANCE DETAILS) and copy of Public Utilities Commission (P.U.C.) operating Certificate (if applicable) with this application.

By completing this application, Applicant agrees that if a permit is granted, Applicant will observe and comply with all the terms and conditions of Title 24, Airport Rules and Regulations, as published and amended by County and any other applicable Federal, State, and Local laws and regulations. Applicant acknowledges receipt of Title 24 Airport Rules and Regulations.

APPLICANT AUTHORIZED: _____
INDIVIDUAL (same as for Permit) PRINT NAME / TITLE SIGNATURE DATE

For Airport Operations Use Only Permit#: _____ Insurance Certification Receipt Deadline: _____

Notes: _____ 12/05

San Luis Obispo County Airports, 975 Airport Dr., Ste 1, San Luis Obispo, CA 93401 805-781-5205/5985(fax)

EXHIBIT "A"

D. **INSURANCE:** Permittee shall obtain and maintain for the entire term of the **Access Permit** and Permittee shall not perform any work under this **Access Permit** until after he has obtained insurance complying with the provisions of this paragraph. Said policies shall be issued by companies authorized to do business in the State of California. Permittee shall maintain said insurance in force at all times. The following coverage with the following features shall be provided:

A. **Commercial Liability Insurance:** Permittee shall maintain in full force and effect for the period covered by this **Access Permit**, commercial liability insurance. This insurance shall include, but shall not be limited to, comprehensive general and automobile liability insurance providing protection against claims arising from bodily and personal injury, including death resulting therefrom, and damage to property resulting from any act or occurrence arising out of Permittee's operations in the performance of this **Access Permit**, including, without limitation, acts involving vehicles. The policy shall provide not less than single limit coverage applying to bodily and personal injury, including death resulting therefrom, and property damage in the total amount of One Million Dollars (\$1,000,000). The following endorsements must be attached to the policy:

- (1) If the insurance policy covers on an "accident" basis, it must be changed to "occurrence".
- (2) The policy must cover personal injury as well as bodily injury.
- (3) Blanket contractual liability must be afforded and the policy must contain a cross liability or severability of interest endorsement.

B. **Workers' Compensation Insurance:** In accordance with the provisions of sections 3700 et seq., of the California Labor Code, if Permittee has any employees, Permittee is required to be insured against liability for workers' compensation or to undertake self insurance. Permittee agrees to comply with such provisions before commencing the performance of this **Access Permit**.

C. **Additional Insureds to be Covered:** **THE COMMERCIAL GENERAL LIABILITY POLICIES SHALL NAME "COUNTY OF SAN LUIS OBISPO, ITS OFFICERS, EMPLOYEES, AND AGENTS" AS ADDITIONAL INSURED. IT MUST STATE THAT LANGUAGE VERBATIM AND THE COUNTY MUST BE FURNISHED WITH A COPY OF THE ADDITIONAL NAMED INSURED ENDORSEMENT WHICH IS A SEPARATE DOCUMENT.** The policy shall provide that the Permittee's insurance will operate as primary insurance and that no other insurance maintained by the County, or additional insureds will be called upon to contribute to a loss hereunder.

D. Certification of Coverage: Prior to commencing work under this **Access Permit**, Permittee shall furnish County with the following for each insurance policy required to be maintained by this **Access Permit**:

(1) A copy of the Certificate of Insurance shall be provided. The certificate of insurance must include a certification that the policy will not be canceled or reduced in coverage or changed in any other material aspect without thirty (30) days prior written notice to the County.

(2) A Workers' Compensation certificate of insurance must be provided.

(3) Upon written request by the County, the Permittee shall provide a copy of the complete insurance policy.

(4) Approval of Insurance by County shall not relieve or decrease the extent to which the Permittee may be held responsible for payment of damages resulting from Permittee's services or operations pursuant to this **Access Permit**. Further, County's act of acceptance of an insurance policy does not waive or relieve Permittee's obligations to provide the insurance coverage required by the specific written provisions of this **Access Permit**.

E. Effect of Failure or Refusal: If Permittee fails or refuses to procure or maintain the insurance required by this **Access Permit**, or fails or refuses to furnish County with the certifications required by *Subparagraph D.* above, County shall have the right, at it's option, to forthwith terminate the **Access Permit** for cause.

II). INDEMNITY: Permittee shall defend, indemnify and hold harmless the County, its officers, agents and employees from any and all claims and demands, costs, expenses, judgments, attorney fees or liabilities that may be asserted by any person or entity that arise out of or in connection with the acts or omissions relating to the performance of any obligation or duty provided for or relating (directly or indirectly) to this **Access Permit**, the tenancy created under this **Access Permit**, or the Premises hereunder. The obligation to indemnify shall be effective and shall extend to all such claims and losses, in their entirety, even when such claims or losses arise from the comparative negligence of the County, its officers, agents and employees. However, this indemnity will not extend to any claims or losses arising out of the sole negligence or willful misconduct of the County, its officers, agents and employees.

It is the intent of the parties to provide the County the fullest indemnification, defense, and hold harmless rights allowed under the law. If any word(s) contained herein are deemed by a court to be in contravention of applicable law, said word(s) shall be severed from this **Access Permit** and the remaining language shall be given full force and effect.

ATTACHMENT "B"

San Luis Obispo County Regional Airport

MECHANICAL INSPECTION

Owner / Operator: _____

Vehicle / License Number: _____ / _____

Date: ____/____/____

Mileage: _____ ___ Okay ___ Defective ___ Repaired

Service

Oil Change / Lube / Filter _____ Miles

Engine

- ___ Ck. All fuel lines & connections for leaks
- ___ Ck. Engine & radiator for leaks
- ___ Ck. Fuel tank for leaks & mounting
- ___ Ck. Engine for oil leaks
- ___ Ck. Air filter
- ___ Ck. Exhaust leaks / manifold & gaskets
- ___ Ck. Engine mounts

Drive Line

- ___ Ck. Exhaust pipe, converter & muffler
- ___ Ck. Clutch (if applicable)
- ___ Ck. Drive shaft, U-joints & seals
- ___ Ck. Transmission & differential for proper fluid level, mountings & leaks

Chassis

- ___ Ck. Steering arms, drag links, tie rod ends & ball joints
- ___ Ck. Steering gear-mounting & oil level
- ___ Ck. Springs, shackles & U-bolts
- ___ Ck. Axle flanges, studs & lug nuts
- ___ Ck. Grease seals for leaks
- ___ Ck. Shocks / struts
- ___ Ck. Tire tread & pressure

Brakes

- ___ Ck. Tubing & hoses
- ___ Ck. Pneumatic check valve
- ___ Ck. Parking brake
- ___ Ck. Linings, drums, rotors & adjusters
- ___ Ck. Brake system for vacuum leaks
- ___ Ck. Master cylinder & fluid level

Body

- ___ Ck. Body panels, seats & grabrails for security & sharp edges
- ___ Ck. Door, locks & warning devices for operation
- ___ Ck. Windows & emergency exits for operation
- ___ Ck. All mirrors
- ___ Ck. Flooring condition
- ___ Ck. Windshield & wiper blades
- ___ Ck. Seat belts & shoulder harnesses

Electrical

- ___ Ck. Battery cables & water level
- ___ Ck. All instruments for operation
- ___ Ck. Horn, all lights & signals
- ___ Ck. Electrical wiring

Safety Equipment

- ___ Ck. Spare tire & jack
- ___ Ck. First aid kit
- ___ Ck. Fire extinguisher exp. date _____

Repair Station Name & License Number: _____

Mechanic's Signature _____

Comments: _____

ATTACHMENT "C"

San Luis Obispo County Regional Airport

VEHICLE LIST

VEHICLE # 1

V.I.N. # :	COMPANY ID # :
LICENSE PLATE # :	PASSENGER CAPACITY :
VEHICLE TYPE :	
PROOF OF COMMERCIAL REGISTRATION :	

VEHICLE # 2

V.I.N. # :	COMPANY ID # :
LICENSE PLATE # :	PASSENGER CAPACITY :
VEHICLE TYPE :	
PROOF OF COMMERCIAL REGISTRATION :	

VEHICLE # 3

V.I.N. # :	COMPANY ID # :
LICENSE PLATE # :	PASSENGER CAPACITY :
VEHICLE TYPE :	
PROOF OF COMMERCIAL REGISTRATION :	

VEHICLE # 4

V.I.N. # :	COMPANY ID # :
LICENSE PLATE # :	PASSENGER CAPACITY :
VEHICLE TYPE :	
PROOF OF COMMERCIAL REGISTRATION :	

VEHICLE # 5

V.I.N. # :	COMPANY ID # :
LICENSE PLATE # :	PASSENGER CAPACITY :
VEHICLE TYPE :	
PROOF OF COMMERCIAL REGISTRATION :	

ATTACHMENT "D"

San Luis Obispo County Regional Airport

DRIVER INFORMATION

Company: _____

****Please attach a copy of each Driver License and City Driver Permit****

DRIVER #1

Name: _____
Driver License No: _____ Expiration: _____
Current City Permit No(s): _____ Expiration: _____
Insurance Copy Name: _____
Insurance Policy No: _____

DRIVER #2

Name: _____
Driver License No: _____ Expiration: _____
Current City Permit No(s): _____ Expiration: _____
Insurance Copy Name: _____
Insurance Policy No: _____

DRIVER #3

Name: _____
Driver License No: _____ Expiration: _____
Current City Permit No(s): _____ Expiration: _____
Insurance Copy Name: _____
Insurance Policy No: _____

San Luis Obispo County Regional Airport

RELIEF DRIVER LIST

****Please attach a copy of each Driver License and City Driver Permit****

Name: _____

Driver License No: _____ Expiration: _____

Current City Permit No(s): _____ Expiration: _____

Name: _____

Driver License No: _____ Expiration: _____

Current City Permit No(s): _____ Expiration: _____

Name: _____

Driver License No: _____ Expiration: _____

Current City Permit No(s): _____ Expiration: _____

Name: _____

Driver License No: _____ Expiration: _____

Current City Permit No(s): _____ Expiration: _____

Name: _____

Driver License No: _____ Expiration: _____

Current City Permit No(s): _____ Expiration: _____

