



Louis Armstrong New Orleans  
International Airport

**2020**

**Airport Ground Transportation Center  
Livery/Transportation Vehicle Decal Application**

All documents submitted must be clear and legible copies. The following items are required to be submitted with application for each vehicle. Annual Decal Fee: \$350

CPNC, LPSC, DOT, ICC license	Authorized Vehicle List
LPSC Bingo Cards and Award Letter	Vehicle Registration
State-Issue RI# (LA-Based Motorcoach Companies Only)	Vehicle Insurance Certificate
Occupational License	Vehicle Inspection Report

The information below must be completed by an individual who is an owner, part-owner or officer of the Company and is legally authorized to represent the Company. Company must comply with all regulations of the jurisdiction in which they are domiciled. Please provide a letter describing type of business operation.

Company Name:				
Types of vehicles:				
Form of Business:	Sole Proprietorship	Partnership	Corporation	Other
Address:				
Point of Contact:				
Phone:		Email:		
Type of Operation:	Pre-Arranged Limo	Pre-Arranged Van Service	Parking Courtesy Shuttle	
	Charter Bus	Hotel Courtesy Shuttle	Courtesy Shuttle	
Domiciled Jurisdiction:	# of Decals Requested:			

• *Insurance Declaration Form for vehicles must include a schedule of insured vehicles and drivers and must meet state requirements. New Orleans Aviation Board should be listed as an additional insured.*

I certify that all information that I have given is accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the operation permit.

Applicant Signature:	Date:
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**FOR OFFICIAL USE ONLY**

**Decal Fee: \$350.00 per decal**

<b>Fee payable to:</b> New Orleans Aviation Board P.O. Box 20007 New Orleans, LA 70141 504-303-7590 Fax 504-303-7594  <b>Note:</b> Note: All fees are non-refundable. Retain a copy of this form as proof of payment and tax purposes.  <i>revised 10/05/2020</i>	Amount Received:	
	Money Order/ Cashier's Check #:	
	Decal Number(s):	
	Date Received:	
	Payment Received By:	
	Approved By:	