

| Copies of the following items are required to be submitted with all applications  |  |                      |                      |                           |  |  |
|---|--|----------------------|----------------------|---------------------------|--|--|
|   | Driver License                                   |                      |                      | Vehicle registration      |  |  |
|   | Taxi Driver Permit                               |                      |                      | Insurance Certificate     |  |  |
|   | CPNC   |                      |                      | vehicle Inspection Report |  |  |
|   | Background Check Results(new drivers only)       |                      |                      |                           |  |  |
| JPI must submit renewal receipts  |  |                      |                      |                           |  |  |
| Money Orders and cashier's checks are the ONLY form of payment accepted. All payments made to "New Orleans Aviation".<br>Board" Decal Fee \$200 |  |                      |                      |                           |  |  |
| First Name  |  | Last Name            | Middle Initial       |                           |  |  |
| Home Address  |  |                      |                      |                           |  |  |
| City  |  | State                | Zip Code             |                           |  |  |
| Cel   | ll Phone #                                       | Other Phone #        | other Phone #        |                           |  |  |
| Email   |  | Date of Birth        | Date of Birth        |                           |  |  |
| CPNC  |  |                      |                      |                           |  |  |
| Name of Taxi Company  |  |                      |                      |                           |  |  |
| Vehicle Make  |  | Vehicle Model        | e Model Vehicle Year |                           |  |  |
| Applicant Signature   |  |                      |                      | Date                      |  |  |
| Decal Fee \$200   |  |                      |                      |                           |  |  |
| FOR OFFICIAL USE ONLY   |  |                      |                      |                           |  |  |
|   | e <b>Payable to:</b><br>w Orleans Aviation Board |                      | NOA                  | B Taxi Decal #            |  |  |
| P.O. Box 20007<br>New Orleans, LA 70141<br>Office: 504-303-7590 Fax: 504-303-7594   |  |                      | Paym                 | ent Amount                |  |  |
|   |  |                      | Date                 | Received                  |  |  |
| Note: All fees are non-refundable. Retain a copy of this form as proof of payment and tax purposes.   |  | copy of this form as | Appr                 | oved By                   |  |  |
|   |  |                      | Mone                 | ey Order #                |  |  |
|   |  |                      | Paym                 | ent received By           |  |  |

revised 1/3/2024