

All documents submitted must be clear and legible copies. The following items are required to be submitted with application for each vehicle.									
	CPNC, LPSC, DOT, ICC License				Occupational License		Veh	Vehicle Insurance Certificate	
	LPSC Bingo Cards and Award Letter				Authorized Vehicle List		Vehicle Inspection Report		
	State-Issue RI#(LA-Based Motor coach Companies Only)				Vehicle Registration		Driver's License		
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 demiciled. Please provide a letter describing type of business operation.									
Company Name									
Types of vehicles									
Form of Business		Sole Proprietorship	Partr		nership	Corpora	tion	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					Number 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				
DECAL FEE: \$350									
FOR OFFICIAL USE ONLY									
Fee Payable to:					Amount Rec	eived			
New Orleans Aviation Board P.O. Box 20007 New Orleans, LA 70141					Money Orde	r/Cashier's Check #			
					Decal Numb	er(s)	_		
Office: 504-303-7590 Fax: 504-303-7594					Date Receiv	ed	_		
Note: All fees are non-refundable. Retain a copy of this form as proof of payment and tax purposes.					Payment Re	ceived By	_		
					Approved By	ý			