Long Beach Airport
Ground Transportation Activity Report

for the month of

_____

Month / Year

Company Name: _____ **Date Submitted:** _____

TCP Number: _____ **Phone Number:** _____

Activity Details

Date	Pick-up Count	Drop-off Count

Date	Pick-up Count	Drop-off Count

	0-5 seats $1.00 Each	6-14 seats $1.50 Each	15+ seats $5.00 Each
Total Pick-ups			
Total Drop-offs			
Subtotals			
Total Due			

I hereby certify that the information provided above is true and correct to the best of my knowledge.
I understand that providing false information will cause the revocation of my permit.

Certified and Submitted by: _____ **Signature:** _____