

Ground Transportation Service Provider Application
Frequently Asked Questions

How much does it cost to apply for a License Agreement?

The application fee is \$120 (non-refundable).

How long does approval take?

Approval takes up to four weeks.

Are there more fees after approval?

Yes. After approval, you will receive an invoice for the annual fee based on your fleet size as follows:

- 1-5 cars = \$100 per year
- 6-10 cars = \$150 per year
- 11+ cars = \$200 per year

Is there a fee for each trip my company makes to and from the Airport?

Yes. After approval, you must self-report all trips you make to and from the Airport.

How much are the fees for each trip?

Trip Fees are based on vehicle **seating (not passengers)** as follows:

- Five or fewer seats: \$1.00 per pick-up, \$1.00 per drop off
- Six to 14 seats: \$1.50 per pick-up, \$1.50 per drop off
- 15 seats or more: \$5.00 per pick-up, \$5.00 per drop off

Where can I find report forms and information about self-reporting?

Visit the website at www.lgb.org and scroll to the bottom of the Ground Transportation page.

How often must trips to and from the Airport be reported?

Trip reports must be filled out and submitted with payment every quarter.

What if my company doesn't make any trips to the Airport?

Trip reports must be submitted, even if you have zero trips.

Can I submit my trip report by email?

If you have zero trips, you can email a zero report to airportgt@longbeach.gov

Can I submit my trip reports and payments in the mail?

Yes. You can send your trip report with a check through the mail.

Can I pay in person?

Yes. You can bring trip reports and payments to the GT Office, and pay by check or credit card.

Who do I make the check out to?

Make checks payable to *City of Long Beach*, and write your TCP number on the check.

Can I make a payment over the phone?

No.

Do you accept cash?

No.

I already have a permit with another airport. Do I still need to apply at Long Beach Airport?

Yes. If you want to pick-up passengers at LGB, you must have a License Agreement here.

Does my transponder from another airport work at Long Beach Airport?

No. Long Beach Airport does not use transponders.

Do you issue stickers for my vehicles?

No.

Do I need to display my TCP number on my vehicles?

Yes. Your TCP number must be displayed on the front and rear bumpers of your vehicles.

I have a TCP number, but I am also with a TNC; do I still need a License Agreement?

No, but you must follow TNC rules. The TNC trade dress must be on the front windshield of your vehicle, and your app must be open while you are on Airport property.

Who do I call if I have more questions?

Call the Ground Transportation Office at 562-570-2629, or send an email to airportgt@longbeach.gov

Where is the GT Office located?

The GT Office is in the north wing of the Historic Terminal Building next to the Badging Office,
4100 E. Donald Douglas Drive, 2nd Floor
Long Beach, CA 90808

When is the GT Office open?

8am to 5pm Monday thru Thursday

8am to 4pm Friday (closed on alternating Fridays)

Closed Saturday and Sunday

Where do I begin the process of applying for a License Agreement?

Scroll down for the Application, Instructions, and Sample Documents to help you get started.

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CITY OF LONG BEACH

LONG BEACH AIRPORT

4100 Donald Douglas Drive Long Beach, CA 90808 (562) 570-2629 FAX (562) 570-2692

APPLICATION INSTRUCTIONS

The following items must be properly completed and submitted to apply for a License Agreement. The Permit process may take up to 4-6 weeks to complete once all documents are properly submitted.

- (1) Complete the application in its entirety, and pay a non-refundable \$120 application fee (payable by check made out to the City of Long Beach)*.
- (2) Attach a copy of Public Utilities Commission (PUC) Certificate*.
- (3) Attach a copy of Business Registration (for example, Business License or Tax Certificate from city of business operation).
- (4) Attach a copy of:
 - a. Fictitious Business Name Statement (DBAs)
For DBAs, provide a copy of the Fictitious Business Name Statement.
 - b. Corporate Documentation (Inc or LLC)
A Corporation, Limited Liability Company or Limited Partnership must be registered and have an approved status with the California Secretary of State. Provide a copy of the legal entity's Articles of Incorporation or Articles of Organization for a Limited Liability Company or Limited Partnership, as applicable.
- (5) Attach a copy of Fares and Charges.
- (6) Attach a copy of your vehicle(s) registration.
- (7) Attach your Certificate of Liability insurance, Vehicle Schedule, & Additional Insured Endorsement provided by your auto insurance broker*.

Note (1): The ADDITIONAL INSURED ENDORSEMENT required by the City of Long Beach must explicitly state, "**City of Long Beach, its agents, officials, and employees are named as additional insured as respects their interest in the operation of the named insured.**"

Note (2): The INSURANCE CANCELLATION PROVISION found on the certificate of liability insurance should explicitly state, "**Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to certificate holder.**"

***NOTE: The legal business name and operating name must be consistent on ALL documents submitted.**

- (8) Return all items together, as specified in Steps 1-7 above, to:

Long Beach Airport
4100 Donald Douglas Drive
Long Beach, CA 90808
ATTN: Ground Transportation

If you have any additional questions, please call the Ground Transportation Office at:
(562) 570-2629

**LONG BEACH AIRPORT
APPLICATION FOR LICENSE AGREEMENT
TO CONDUCT A GROUND TRANSPORTATION
SERVICE FROM THE AIRPORT
(Application shall be typed or printed)**

For office use only:			
Payment Type:	Cash MO Check		
	No		
Amount:		Initials:	

Please check ONE: New application Reinstatement application

The undersigned holder of a Charter Party Carrier of Passenger certificate and/or Passenger Stage Corporation, issued by the Public Utilities Commission to conduct shuttle van/bus transportation service, hereby applies to the City of Long Beach, Long Beach Airport, for a License Agreement allowing access to the premises of the Long Beach Airport and provides the following information:

1. Company Name: _____

2. Name of Applicant: _____
First
Last
(please print)

3. Applicant is:
 Individual
 Partnership – If Partnership, names of all partners-

Corporation – If Corporation, name(s) of corporation officer(s) who is authorized to sign contracts:

4. Address: _____

5. Telephone:(____)_____ 6. FAX:(____)_____

7. E-mail: _____

8. Vehicles to be operated (please check applicable):
Vans/Buses Limousines/Luxury Sedans
 (Attach additional page, if needed)

Make	License Number	Make	License No.
Make	License Number	Make	License No.

9. Business License Number: _____ Expires: _____
 City of Issuance: _____
(attach a copy of current City Business License)

10. Public Utilities Commission Certificate to Operate as a Charter-Party Carrier of Passengers (TCP) and/or Passenger Stage Corporation (PSC). **(Attach a copy of current PUC Certificate.)**

TCP No. _____ Expiration Date: _____

PSC No. _____ Expiration Date: _____

11. Federal Tax Identification No.: _____

12. Attach a copy of Fares & Charges: Attached

13. Certificate of Insurance requires an endorsement adding, "the City of Long Beach, it's officials employees and agents as additionally insured" as well as the vehicle schedule.

14. Attach a copy of each Vehicle Registration: Attached

15. The following information is required for Federal statistical reports. It will not affect consideration of your application, and will be kept confidential.

Composition of Ownership (more than 50% of ownership of the organization)

a. Ethnic Category (check one)

- American Indian or Alaskan Native
- Asian or Pacific Islander: Descendant of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, Samoa, and the Philippine Islands.
- Black
- Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race
- Other non-white Please Specify:
- Caucasian

b. Non-ethnic factors of ownership (check all applicable, one check per column)

- | | | | | |
|---------------------------------|---|------------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Physically Handicapped | Yes <input type="checkbox"/> | <input type="checkbox"/> Under 65 | <input type="checkbox"/> |
| <input type="checkbox"/> Female | | No <input type="checkbox"/> | <input type="checkbox"/> 65 & Over | <input type="checkbox"/> |

Has firm previously been certified as a minority-owned and/or woman-owned business enterprise by any other agency?

Yes No

Name of Certifying Agency:

16. Names of officers, owners or partners: Percentage of ownership

Identify individuals who operate the above named company: Title

Signature of person authorized to sign this application: Date:

Name and title of person signing (*print or type*)

Return the completed application with **non-refundable \$120 application fee** (payable by check made out to the City of Long Beach), and all required application documents to:

Long Beach Airport
Attn: Ground Transportation
4100 E. Donald Douglas Dr.
Long Beach, CA 90808

Rev. 02/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
 City of Long Beach, its agents, officials and employees are named as additional insured as respects their interest in the operation of the named insured. Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder.

CERTIFICATE HOLDER City of Long Beach Long Beach Airport 4100 E. Donald Douglas Drive Long Beach, CA 90808	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Long Beach, its Officials, Employees and Agents
4100 Donald Douglas Drive
Long Beach, CA 90808

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SAMPLE

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

Name of Person(s) or Organization(s) : City of Long Beach, its Officials, Employees and Agents 4100 Donald Douglas Drive Long Beach, CA 90808

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

CA 20 48 02 99

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SAMPLE

AGENCY CUSTOMER ID: _____



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

Fares & Charges for: _____

City	Fare from Long Beach Airport	Other Charges
Anaheim		
Costa Mesa		
Glendale		
Los Angeles		
Santa Monica		
Torrance		

SAMPLE