ANNEX C

MIAMI-DADE COUNTY AVIATION DEPARTMENT APPLICATION FOR GROUND TRANSPORTATION SERVICE PERMIT

Comp	any Na	ame:		Contact Name:		
Addre	ss:					
Phone:Fax:		_Fax:	E-mail:			
2.	A -	eral and Sub-class () New Prearranged S Sub-Class: Courtesy Servi Sub-Class: Crew Service Sub-Class:	() Reservice ()A1-Ece () B1-() B2-() B3-() B4-() C1-() C2-		Commercial Commercial t (Small) t (Large) nit (Small) nit (Large)	Permit
3.	MINII Auto \$ 10 \$ 30 \$ 5 Gene	ance Certificates MUM INSURANC mobile Liability 0,000 per persor 0,000 per occurr 0,000 per occurr eral Liability Insu	with a 30-day of the surance in the surance in the surance in the surance for bodil ence for proper irance on a cost than \$300,00	he amounts of: y injury erty damage mprehensive bas 0. Combined sin	ding Self-Insu sis includes C	rance. Contractual Liability
4.			. , ,	attached sheet, if r	needed):	
Sub-Class		Rated Seating Capacity	Make	Tag Number	Year	V.I.N. Number
Chapt	er 25 (Code of Miami-Da nerein is true and	de County and	·		and conditions of and warrants that all