#### RE: Oakland International Airport - 2015 Ground Transportation General Application Package

To Whom It May Concern:

Thank you for your interest in providing ground transportation services at Oakland International Airport (OAK). When submitting your application package, please ensure that copies of all requested documents are attached to the application. **Ground Transportation can not make copies of documents**. Please allow ten (10) business days for your application to be processed. **Incomplete applications will not be processed.** 

#### **Deadline**

The deadline for submitting application packages to the Ground Transportation office is <u>Tuesday, December 23</u>, 2014.

#### **New and Renewal Applicants**

All companies must submit an application package with the required documents and the non-refundable application fee. For companies that are currently operating, please complete the Renewal Application in the attached package and submit the required documents or any updated information with your application package. Renewal applicants are not required to complete a New Application package. Applications are available online and can be completed and printed out by going to <a href="www.portofoakland.com">www.portofoakland.com</a>. The applications must be approved by Landside Ground Transportation staff or your company will not be authorized to operate at OAK. Companies with outstanding fees will not be permitted.

#### **Application Submittal**

Appointments are required to meet with Landside Ground Transportation Staff. Office hours are 9:00 a.m. to 4:30 p.m. Monday through Friday. Please schedule an appointment by calling (510) 466-7840 if you need assistance with the completion of your application package.

No Appointment is necessary to drop off completed application packages. Application packages can be dropped off 24/7 in the drop box located at the Oakland Maintenance Center, 1100 Airport Drive, 1<sup>st</sup> Floor or applications can be mailed to One Airport Drive, Box 45, Oakland, CA 94621. **Please include the Non-refundable application fee with the application package. Incomplete applications will not be processed and will be returned.** Once the application review process is complete, you will be contacted to have your vehicle(s) inspected by Ground Transportation staff. **All payments must be made with a cashiers check, business check, or money order payable to the Port of Oakland.** 

#### **Insurance Requirements**

Insurance requirements are specified in the application package and shall be submitted in the application and mailed to the Risk Transfer Office, Oakland International Airport, One Airport Drive, Box 45, Oakland, CA 94621. The appropriate level of insurance must be provided with the proper endorsements as specified. OAK GT permits will not be issued if these amounts are incorrect.

Oakland International Airport 2015 Ground Transportation General Application Package November 25, 2014 Page Two

#### **Incentive for Cleaner and Newer Vehicles**

The Port of Board of Commissioners adopted Port Ordinance 4193 on June 7, 2012, to revise alternative fuel and maximum vehicle age requirements for ground transportation operators to promote, incentivize and reward GT operators who invest in cleaner and newer vehicles serving OAK.

The Monthly Vehicle Fee below does **not** apply to GT Vehicles that are **both** (a) Alternative Fuel Vehicles and (b) seven (7) years old or less (measured from the date of first manufacture) ("**Exempt Vehicles**").

In addition, vehicle fleets are exempt from the Monthly Vehicle Fee where at least 50% of the fleet is composed of Exempt Vehicles. (See Footnote 1 below). A "fleet" is defined as a group of more than one GT Vehicle(s), all of which are seven (7) years old or less from December 31, 2015, operated by the same Permit Holder. In calculating the 50% exemption for fleets with an odd number of vehicles, the Airport will round up (see Footnote 2 below). If your entire fleet is non-alternative fuel, a monthly vehicle fee will apply to 50% of your fleet.

Below is a table showing examples of the monthly fee for **Vehicle Age** and **Non-Alternative Fuel** Vehicles:

Vehicle Age	Monthly Vehicle Fee as of January 1, 2015
2005, 2006, 2007	\$325

Total Fleet	Alternative Fuel	Non-Alternative	No. of Vehicles	Monthly Vehicle	Total Monthly Fee
	Vehicles	Fuel Vehicles	Charged Fee	Fee	due
11	3	8	2	\$325	\$650
7	0	7	3	\$325	\$975

Landside Ground Transportation Staff will calculate these fees prior to the issuance of the Airport Ground Transportation permits.

We value our partnership with your business in providing ground transportation services at OAK.

If there are any questions or concerns, please contact the Landside Ground Transportation Staff at (510) 466-7840.

Sincerely,

Lester Patilla

Ester Patilla

Acting Landside Operations Manager

<sup>&</sup>lt;sup>1</sup> For example: If a Permit Holder operates two (2) Exempt Vehicles and two (2) qualifying non-Exempt Vehicles at the Airport, the fleet would be exempt. However, if a Permit Holder operates one (1) Exempt Vehicle and three (3) qualifying non-Exempt Vehicles at the Airport, the fleet would not be exempt and the Monthly Vehicle Fee should be paid for the three (3) non-Exempt Vehicles.

<sup>&</sup>lt;sup>2</sup> For example: If a Permit Holder operates three (3) Exempt Vehicles and four (4) qualifying non-Exempt Vehicles at the Airport, the entire fleet would be exempt.



#### **GENERAL APPLICATION**

Please note that every ground transportation driver shall be affiliated with a company that is duly permitted by the Airport under the Airport Rules and Regulations. Regardless of the contractual relationship between the individual driver and the company, the company will be responsible for all fees and charges incurred by the drivers, and the company will be billed accordingly.

A non-refundable application fee is required. This fee must be submitted with the application materials and will be retained regardless of whether an application is deemed complete or a permit is issued. Applications received without payment of this fee and/or any required documents shall be deemed incomplete. Permits will not be issued for incomplete applications.

By accepting an Oakland International Airport Permit, the Permit Holder acknowledges and agrees to abide by the Airport Rules and Regulations outlined in Port Ordinance 4255 and subsequent amendments and revisions.

#### **Business Information**

<b>Du</b> sinioss	momation
Company Name	Tenant #
DBA	PSC/TCP Permit #
Company Address (Physical Address – No PO Boxes accepted) City	State Zip
Mailing Address (If different than above)	
City	State Zip
Email	
Phone Number	Ext Fax Number
Contact Name	
Contact Title	
Contact Phone	Contact Cell Phone
Contact Email	
List Ground Transportation Company on Oakland	d Airport Website
Authorized Signature	Date



#### **OPERATOR REQUIREMENTS**

The documents listed below must be included in each application submittal.

All documents must be submitted together. Failure to submit all required documents will result in an incomplete application which will be returned to the applicant. Permits will not be issued for incomplete applications.

#### **General**

(Hotels, RAC Shuttles, Off-Airport Parking, Scheduled Services, Large Charters, Door-to-Door (On-Demand and Reservations)

	☐ Application
	☐ Business License (City doing business in)
	□ Driver Roster
	☐ Insurance - General/Auto/Workers Comp. (if required)
	□ Vehicle Equipment Statement
	☐ Vehicle Registration (copy)
	☐ CHP Vehicle Inspection Certificate
	☐ Drug Enrollment Certificate (if required) (Hotels Exempt)
	☐ Fare Schedule (new operators) (Hotels Exempt)
•	Subcarrier Company Information
	☐ TCP or PSC Certificate (Hotels Exempt)
	☐ Insurance - General/Auto/Workers Comp. (if required)
	□ Drug Certificate
	□ Vehicle Registration



#### **SUB-CARRIER APPLICATION**

Each Qualified Operator shall file and maintain at the Landside Operations Office, a current roster of Drivers who will operate the vehicles permitted under the Airport Permit applied for.

#### **Sub-Carrier Information**

Company Name	
PSC/TCP Permit #	
Contact Name	
Contact Phone	Contact Cell Phone
Contact Email	
Driver's License	State Expiration Date
Emplo	oyer Information
Company Name	
PSC/TCP Permit #	Vehicle #
I certify to the best of my knowledge the a	above information is correct and true.
Authorized Signature	Date



#### INSURANCE REQUIREMENTS

### LIMOUSINES and CLASS C VEHICLES (Seating Capacity 7 or Less)

Before beginning operations at the Port, Certificates of Insurance, as required below, must be approved by the Airport Risk Transfer Office.

- Minimum Required Insurance and Limits are shown below for limousines and Class C vehicles with seating capacity of 7 or fewer passengers:
- Worker's Compensation------Statutory
- Employer's Liability-----\$1,000,000 per accident/policy limit by disease

### SHUTTLES and BUSES (Seating Capacity 8 to 15)

Before beginning operations at the Port, Certificates of Insurance, as required below, must be approved by the Airport Risk Transfer Office.

- Minimum Required Insurance and limits are shown below for vehicles with seating capacity of eight (8) to fifteen (15) passengers:
- Commercial General Liability -----\$1,000,000 per occurrence and general aggregate
- Business Automobile Liability------\$1,500,000 per accident (or as required by the Public Utilities Commission, whichever limit is higher), owned, non-owned and hired vehicles. If vehicles are on "scheduled" basis, please provide schedule.
- Worker's Compensation -----Statutory
- Employer's Liability-----\$1,000,000 per accident/policy limit by disease

## BUSES (Seating Capacity 16 or More)

Before beginning operations at the Port, Certificates of Insurance, as required below, must be approved by the Airport Risk Transfer Office.

- Minimum Required Insurance and limits are shown below for vehicles with seating capacity of 16 or more:
- Commercial General Liability -----\$1,000,000 per occurrence and general aggregate
- Business Automobile Liability------\$5,000,000 per accident (or as required by the Public Utilities Commission, whichever limit is higher), owned, non-owned and hired vehicles. If vehicles are on a "scheduled" basis, please provide schedule.
- Worker's Compensation------Statutory Limits
- Employer's Liability------\$1,000,000 per accident/policy limit for disease



#### **CERTIFICATES OF INSURANCE MUST SHOW THE FOLLOWING:**

- That "the City of Oakland", a municipal corporation, acting by and through its Board of Commissioners, "Port of Oakland", its commissioners, officers, agents and employees are additional insureds on the Commercial General Liability policy (if required above) and the Business Automobile Liability policy (a copy of the additional insured endorsement must be attached to the certificate);
- That all insurance is primary and non-contributory with insurance carried by the Port of Oakland;
- That the Commercial General Liability (if required above) and Automobile Liability Insurance policies contain cross liability or separation of insured provisions;
- That the Port of Oakland Risk Transfer Office shall receive 30-days advance written notice of cancellation, non-renewal, or material reduction in coverage;
- That all insurance policies (as required above) provide a waiver of subrogation in favor of the City of Oakland, a municipal corporation, acting by and through its Board of Port Commissioners, "Port of Oakland", its commissioners, officers, agents and employees (a copy of the waiver of subrogation endorsements must be attached to the certificate).

Operations or occupancy may be interrupted without proper evidence of insurance.

Should you or your insurance company representative have any questions pertaining to the <u>insurance requirements</u> as listed above, please contact: **Port Insurance Analyst** - **Airport Risk Transfer Office** at 510-563-3631 / Fax: 510-636-0626

email: <u>risktransfer@portoakland.com</u>



#### **DRIVER ROSTER INFORMATION**

Every application must include a driver roster along with a copy of the California Drivers License for all drivers listed. The driver roster shall at a minimum include the following information listed on the sample below.

Please complete the table below, or you may submit the requested information in an excel spreadsheet.

# Oakland International Airport Ground Transportation Driver Roster

Company Name

	Last Name	First Name	Driver License No.	License Class	Telephone Number
1					
2					
3					
4					
5					
6					
7					
8					
0					



#### **EQUIPMENT STATEMENT**

Please attach copies of the following documents for each vehicle to this form:

#### **General**

Vehicle Registration (copy), CHP Vehicle Inspection

Company Name \_\_\_\_\_

**NOTE:** Failure to submit CURRENT documents, per vehicle, will result in an incomplete application and permits will not be issued.

Please complete the table below, or you may submit the requested information in an excel spreadsheet.

# Oakland International Airport Airport Ground Transportation Equipment Statement

	License Plate #	Vehicle Fleet #	Make & Model	Vehicle Yr. Manuf. Date	Fuel Type	Passenger Capacity	TCP	PSC	Transp. #	Airport Permit #
1										
2										
3										
4										
5										
6										
7										
8										

**NOTE**: Indicate the following fuel type vehicle C-CNG H-Hybrid O-Other Fuel Type



#### **FEES**

#### General

Security Deposit
Monthly Vehicle Fees (Subject to change pending Port Ordinance Revisions)
As of January 1, 2015 Monthly Vehicle Fees will apply to Companies that have 2007 Vehicles operating at the Oakland International Airport.
<b>Monthly Vehicle Fees</b> ** ( <b>Do Not apply</b> to Limousines, Scheduled Charter and Educational Services)
Fee\$325 per month

<sup>\*</sup>NOTE: No more than three (3) vehicles in fleet to qualify for the \$360 Flat Fee Program (120 trips per calendar year). No Security deposit is required

<sup>\*\*</sup>Monthly Vehicle Fee is \$325 per month



#### IF YOU DO NOT HAVE EMPLOYEES

Provide a statement that your company is exempt from providing Workers Compensation and does not have any Employees at this time, and if you should hire any in the future you will immediately notify the Ground Transportation Unit and submit the required copy of your Worker's Compensation Certificate with any required Endorsement(s) to the Ground Transportation Department and the Port of Oakland's Risk Management Insurance Section.



#### AIRPORT APPLICATION FEES AND SECURITY DEPOSIT CALCULATIONS

·		•	, bus or any vehicle over	30 feet long.	
		urity Depos osit <u>has not</u>	iit been previously paid)	=	\$500.00
4255 all	ows cer that ar	tain vehicle	olies to all vehicles. How es to be exempt from th cured in 2007 or earlier	e monthly fees.	
continu	e to ope	erate during	rating as of January 1, 2 g the remaining year ar n month during operati	e subject to a \$32	5
Please con	nplete t	he chart be	low. <b>GT staff will deter</b>	mine the exempt	ion status of vehic
Please com n your flee	· · ·	he chart be		mine the exempt	
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Total Vehicles. Coald the m	et.  Of hicles Fleet  icles d by \$3 be paid On the 1 nonthly	No. Alt. Fuel  (minu: 25] by the 10 <sup>th</sup> 11 <sup>th</sup> day of the will not	No. Vehicles Manufactured 2007 or Earlier	No. Vehicles Manufactured 2008 or Later  ehicles on-exempt nat have not	No. of Vehicles Exempt From Fees

Signature Print Name Date

and acknowledges that their drivers are responsible for following Airport Rules and Regulations.

responsibility for paying all applicable fees. Your Company agrees to follow the Airport Rules and Regulations



# **BUSINESS CLOSURE FORM** Date Please close my permit/contract with Oakland International Airport. Owner -Fleet Manager Company Name Company Address (Physical Address – No PO Boxes accepted) City Zip State Email Phone Number Ext Fax Number I certify the above information is correct and current. (Owner/Company Authorized Representative Only) Print Name Authorized Signature Date



# **CONTACT INFORMATION FORM** Date Please update my contact information with Oakland International Airport as indicated below. Owner -Fleet Manager Company Name Company Address (Physical Address - No PO Boxes accepted) City State Zip **Email** Phone Number Fax Number Ext I certify the above information is correct and current. (Owner/Company Authorized Representative Only) **Print Name** Authorized Signature Date