

## VENDOR DELIVERY PARKING PERMIT APPLICATION

### BUSINESS INFORMATION

Legal Name of Company: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BTRC No.: \_\_\_\_\_

### CONTACT INFORMATION

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

### OPERATIONAL INFORMATION

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Description of service(s) to be provided:

\_\_\_\_\_  
\_\_\_\_\_

Delivery Day(s):  Su  M  T  W  Th  F  Sa Delivery Time(s): \_\_\_\_\_

Terminal  
Location(s):  T1  T2  T3  T4  T5  T6  T7  T8  TBIT  Cargo Other: \_\_\_\_\_

### CERTIFICATION BY HIGHEST RANKING LOCAL OFFICIAL

Highest Ranking  
Local Official : \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SERVICES PROVIDED TO: (Complete one section for each company serviced at LAX)**

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

Company Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

Type of service(s) provided: \_\_\_\_\_

Delivery Day(s):  Su  M  T  W  Th  F  Sa Delivery Time(s): \_\_\_\_\_

Terminal Location(s):  T1  T2  T3  T4  T5  T6  T7  T8  TBIT  Cargo Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Verification Letter Received      Comments: \_\_\_\_\_

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

Company Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

Type of service(s) provided: \_\_\_\_\_

Delivery Day(s):  Su  M  T  W  Th  F  Sa Delivery Time(s): \_\_\_\_\_

Terminal Location(s):  T1  T2  T3  T4  T5  T6  T7  T8  TBIT  Cargo Other: \_\_\_\_\_

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Verification Letter Received      Comments: \_\_\_\_\_

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

Company Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

Type of service(s) provided: \_\_\_\_\_

Delivery Day(s):  Su  M  T  W  Th  F  Sa Delivery Time(s): \_\_\_\_\_

Terminal Location(s):  T1  T2  T3  T4  T5  T6  T7  T8  TBIT  Cargo Other: \_\_\_\_\_

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Verification Letter Received      Comments: \_\_\_\_\_

**Make copies if additional sheets are needed and attach to application.**