

GROUND TRANSPORTATION CHECKLIST- COVID-19 TRANSPORTATION PERMIT

The following documents are to be completed by persons seeking to operate a commercial vehicle at the airports during COVID-19. These documents must be submitted to the Authority prior to the issuing of a permit:

DOCUMENT	APPLICANT'S CHECKLIST	FOR OFFICIAL USE ONLY
Application Form- Form 1A		
Signed Permit		
SUPPORTING DOCUMENTS SUBMITTED		
<i>Operational</i>		
COVID-19 Compliance Certificate		
Company Driver's List		
Company Fleet Log		
Current motor vehicle fitness and registration documents for all vehicles listed		
Current driver's licences for all drivers listed		
Current insurance coverage for all vehicles listed		
Current worker's compensation insurance for employees and drivers		
<i>Commercial</i>		
Certificate of Incorporation		
Certificate of Registration of Business		
Current Notice of Directors filed at the Companies Office		
Application Fee		

I authorize the Saint Lucia Air and Sea Ports Authority (Authority) to make any necessary inquiries to verify the documents submitted in support of the application for a COVID-19 commercial operating permit. I authorize the release of any and all information the Authority believes is necessary to conduct its investigation. I certify that the information provided in the above documents is true and correct to the best of my knowledge.

Name of Applicant: _____

Name and Title of Authorized Signatory: _____

Signature: _____

Date: _____

**GROUND TRANSPORTATION
COVID-19 TRANSPORTATION PERMIT – APPLICATION FORM**

This form is to be completed if you are applying for a COVID-19 Commercial Operating Permit with the Authority.

SECTION A- BUSINESS INFORMATION

1. **Business Name:** _____
2. **Business Address:** _____
3. **Business Telephone No.:** _____
4. **Business' email:** _____
5. **Location:** The Hewanorra International Airport

SECTION B- REPRESENTATIVE'S INFORMATION

This information in sections B and C must be completed by an individual who is an owner, director or officer of the business who is legally authorized to represent it.

The following persons have the authority to conduct business with the Authority on the applicant's behalf:

Name	Title	Telephone	Email

SECTION C- VERIFICATION

By my signature below, I certify that I understand that the business is prohibited from operating its transportation service unless and until it is in possession of a valid and COVID-19 Transportation Permit from SLASPA. I understand that the submission of this application does not guarantee that the business will receive a permit.

I certify that all information that I have given accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the permit. I have submitted a certified copy of the COVID-19 Compliance Certificate on behalf of my business which is required for its operations at the airports.

Name and title of authorized signatory: _____
Signature: _____
Date: _____

SECTION D- APPROVAL (FOR OFFICAL USE ONLY)

Date Received: _____ Received By: _____

Application Fees: _____ Application No: _____

The Applicant has met the requirements, and therefore is granted a COVID-19 Transportation Permit:

Approving Authority	Department	Approval Status		Signature	Remarks
		Granted	Denied		
	Police Port				
	Director of Airports				
	General Manager				

**GROUND TRANSPORTATION
COVID-19 TRANSPORTATION PERMIT – VEHICLE FLEET**

**GROUND TRANSPORTATION
COVID-19 TRANSPORTATION PERMIT – DRIVER’S LIST**

COMPANY DRIVER'S LIST

All Listed drivers must be in possession of a valid Saint Lucian driver's licence and valid vehicle insurance.

Company Name: _____
(Please Print Information Clearly)

LAST NAME	FIRST NAME	INITIAL	DRIVERS LICENCE NUMBER	DRIVERS LICENSE EXPIRATION DATE

SECTION B- VERIFICATION

I certify that all information that I have given accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the permit. I have submitted:

- (a) a certified copy of the driver’s licence for each driver listed;
- (b) a certified copy of the insurance document for each driver listed.

Name and title of authorized signatory: _____

Signature: _____

Date: _____

**GROUND TRANSPORTATION
COVID-19 TRANSPORTATION PERMIT – VEHICLE FLEET**

I certify that all information that I have given accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the permit. I have submitted:

- (a) a certified copy of the insurance document for each vehicle;
- (b) a certified copy of the registration and fitness documents for each vehicle listed.

VEHICLE FLEET LOG										
Company Name: _____										
Date Issued	Decal #	Make	Model	Vehicle Type (Bus,car, etc.)	Year	Colour	Vin#	Vehicle Tag #	Seat Capacity	Fleet #

SECTION B- VERIFICATION

Name and title of authorized signatory: _____
Signature: _____
Date: _____



**GROUND TRANSPORTATION
COVID-19 TRANSPORTATION PERMIT**

Permit No:

Name of Individual/Company:

Number of Approved Drivers:

Driver No. of

Number of Approved Vehicles:

Vehicle No. of

Date Issued:

Expiration Date:

Authorized Signatory for Permittee: _____

General Manager of the Authority: _____