

**CHARLES M. SCHULZ – SONOMA COUNTY AIRPORT (STS)
CHARTER PARTY CARRIER (TCP) OPERATOR
REGISTRATION FORM**

Applicant/Company Name:

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Applicant/Company Address:

Physical Address (No P.O. Boxes accepted)		
City	State	Zip
Mailing Address (If different than above)		
City	State	Zip
Contact Name		
Contact Title		
Contact Office Phone	Contact Cell Phone	
Contact Email		

Vehicle Roster Information

Every application submitted by an Operator must include a vehicle roster along with a copy of the documentation required under section 3-55-1 of the Sonoma County Code for each vehicle. Roster information must be kept up do date with the Airport at all times.

Vehicle Roster						
	Make/Model/Year	Body Type	Seat Count	License Plate Number	Vehicle Identification Number	Company Identification Number (if applicable)
1						
2						
3						
4						
5						
6						
7						

Checklist of Required Documents	
Certificate(s) of Liability Insurance	
Title or Registration (if owned) or Vehicle Lease (if leased)	
CPUC Certification(s)	
Proof of All Required Local, State, and Federal Permits and Licenses	
Submission of Required Documentation for All Vehicles (Complete Vehicle Roster included below)	
Operator Registration Fee Submitted (\$30.00)	

By submission of this Charter Party Carrier (TCP) Operator Registration Form, I certify the following:

- 1) I have received and read the applicable requirements of Charter Party Carrier (TCP) Operations at the Charles M. Schulz-Sonoma County Airport (“Airport”) as set forth in Article IV of Chapter 3 of the Sonoma County Code (“CVO Requirements”), and agree to abide by such requirements.**
- 2) I agree to keep all information required by this application and the Charter Party Carrier (TCP) Requirements current and inform the Airport of any changes thereto.**
- 3) I understand I am responsible for all Company drivers’ compliance with applicable County Code requirements, Rules of Conduct, directives issued by the Airport Manager, and any rules or orders that may be imposed by the FAA or the Transportation Security Administration (TSA).**
- 4) I have met all CPUC safety requirements, including but not limited to completing all required vehicle safety inspections for each TCP Vehicle in compliance with State Law and/or CPUC Regulations as applicable.**
- 5) I certify that to the best of my knowledge the representations made in this Registration Form and the supporting documentation are true and accurate, and that I am authorized by the Applicant/Company to make such representations on its behalf.**

OPERATOR:

COUNTY OF SONOMA:

Date

Date

By: Operator’s Authorized Agent (Printed)

By: Jon G. Stout, AAE, CAE
Title: Airport Manager

Signature

Title

Email Completed Form To - Airport@sonoma-county.org