

## Ground Transportation Provider

**Contact and invoice information. If you are filling out this form by hand, please print legibly.**

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*Company Contact information (Please fill out completely)*

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

Name and Title: \_\_\_\_\_

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

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

### *Invoicing Information*

Should the person above receive monthly invoices? If not, please check 'no' and provide that information below.

YES

NO

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: Invoices are sent monthly via email.*

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Email completed forms to the TAA Ground Transportation Office

**This form is to be completed annually, or as needed  
and replaces the 'Driver Certification Form'**