



**APPLICATION FOR  
THIRD-PARTY SERVICES  
AGREEMENT  
OKC WILL ROGERS  
INTERNATIONAL AIRPORT**

**The City of Oklahoma City  
The Oklahoma City Airport Trust**

**APPLICATION MUST BE TYPED**

**1. APPLICANT INFORMATION**

**A. Applicant's Legal Name:** \_\_\_\_\_

*\*Name must be as registered with the Oklahoma Secretary of State.*

**B. Business or Trade Name:** \_\_\_\_\_

*\*If different from applicant's legal name.*

**C. Name of the air carrier that applicant has a current valid contract with and will be servicing at OKC:** \_\_\_\_\_

*\*Must submit a separate application for each air carrier.*

**D. Applicant's Local Address**

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

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

Contact Person: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**E. Applicant's Billing Address**

*\*If different from applicant's local address.*

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

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

Contact Person: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**2. OPERATIONAL DETAILS**

**A. Identify the total number of employees that will require airport security badges for applicant's operations at OKC:** \_\_\_\_\_

**B. Identify the person(s) with signatory authority to be responsible for the badging of applicant’s employees in the table below.**

*\*All signatories must be available to be on-site to perform annual training and provide wet signatures on all badging related applications.*

First and Last Name	Title	Phone Number

**C. Identify the number of vehicles that will need ramp access and the operational need:** \_\_\_\_\_

**D. Identify the type of space(s) required by applicant at OKC:**

- Office Space                       Storage Space  
 Operations Space                       Other (specify) \_\_\_\_\_

**E. Responsible party for leasing the spaces listed in question 2.D. above from the airport:**     Third-Party Applicant                       Air Carrier

**F. List all ground service equipment and any other equipment necessary to conduct applicant’s services at OKC in the table below.**

*\*Table continues on next page, if more space is needed attach additional documentation.*

Equipment Description	Equipment Owner	
	Applicant	Air Carrier

Application for Third-Party Services Agreement

Equipment Description	Equipment Owner	
	Applicant	Air Carrier

H. Responsible party for the insurance related to each service provided by the applicant to the air carrier:  Third-Party Applicant  Air Carrier

**3. SERVICES PROVIDED BY APPLICANT (Select Yes or No for each)**

- A.
- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Curbside Baggage Handling/Skycap Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pet Assistance Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Catering Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft Trash Removal and Disposal Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Waste Removal and Disposal Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Deicing, Anti-icing, and Snow Removal Services                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Jet Bridge Operations Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft Parking and Towing Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Security Services (Cabin Search, Passenger and Baggage Screening and Reconciliation) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cargo Loading and Unloading Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mail Loading and Unloading Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Baggage Loading and Unloading Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduced Mobility Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ticket Counter Passenger Assistance Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Departure Gate Passenger Assistance Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Potable Water Removal, Disposal, Replenishing, and Testing Services                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Lavatory Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Interior Aircraft Cleaning Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft Marshalling Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ramp to Flight Deck Communications Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Load Control and Flight Operations Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure Proper Safety Measures  |
| <input type="checkbox"/> | <input type="checkbox"/> | Automation/Computer Systems Support Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ground Service Equipment Maintenance Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Charter Screening Services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Other Services (specify) _____   |

**NOTE: Third-Party Applicant may NOT fuel any aircraft.**

**4. STORM WATER POLLUTION PROGRAM** (If applicable)

**A. Applicant's Standard Industrial Classification (SIC) Code:**

*\*or NAIC code if SIC not available*

\_\_\_\_\_

**B. Applicant's State of Oklahoma Storm Water Permit\***

**Permit Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

*\*Copy of permit must be attached*

**C. Applicant's City of Oklahoma City Storm Water Permit\***

**Permit Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

*\*Copy of permit must be attached*

**5. ADDITIONAL ITEMS REQUIRED**

**A. Copy of the contract from 1.C. above that provides the following information:**

1. Beginning and end date of agreement between applicant and air carrier;
2. Complete list of services being performed by the applicant for the air carrier at WRWA;

**B. A W-9 (or equivalent) completed on the latest IRS form.**

**C. A copy of current insurance listing "The City of Oklahoma City and The Oklahoma City Airport Trust as additional insured".**

**6. AUTHORIZED AGENT ACKNOWLEDGEMENT**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

Submit this completed application to: [wrwabusinessproperties@okc.gov](mailto:wrwabusinessproperties@okc.gov)