



## Affiliate Application Form

### Contact Information

---

Company Name:

Office Address:

City:

State:

Zip Code:

Toll Free Number:

Office Number:

Fax Number:

Email Address:

Accounting Email Address:

Office Hours:

#### Emergency Contact After Hours

Contact Name:

Contact Phone:

Reservation phone number:

Reservation Email Address:

Federal ID Number:

Website Address:

---

## Dispatch Contact Information

---

Dispatch First Name:

Dispatch Last Name:

Toll Free Number:

Office Number:

Fax Number:

Email Address:

---

## Owner Contact Information (Optional)

---

Owner First Name:

Owner Last Name:

Office Address:

City:

State:

Zip Code:

Toll Free Number:

Office Number:

Fax Number:

Email Address:

## General Manager Contact Information

---

General Manager First Name:

General Manager Last Name:

---

Toll Free Number:

Office Number:

Fax Number:

---

Email Address:

## Affiliate Manager Contact Information

---

Affiliate Manager First Name:

Affiliate Manager Last Name:

---

Toll Free Number:

Office Number:

Fax Number:

---

Email Address:

## Operations Manager Contact Information

---

Operations Manager First Name:

Operations Manager Last Name:

---

Toll Free Number:

Office Number:

Fax Number:

---

Email Address:

## Reservations Manager Contact Information

---

Reservations Manager First Name:

Reservations Manager Last Name:

Toll Free Number:

Office Number:

Fax Number:

Email Address:

## Accounting Manager Contact Information

---

Accounting Manager First Name:

Accounting Manager Last Name:

Office Address:

City:

State:

Zip Code:

Toll Free Number:

Office Number:

Fax Number:

Email Address:

## Contact Information

---

24/7 Phone Number:

Emergency Contact Number If No 24/7 Dispatch Service:

Are you a member of NLA (National Limousine Association)?

Yes  No

Do you have ICC/DOT Permits?

Yes  No

## System & Software Use

---

What is the reservation software you use?

---

Does the affiliate have a 24-Hour dispatch and reservation center?

Yes  No

If no, please provide an emergency contact number

---

Can reservations be confirmed via email?

Yes  No

---

Can invoices be closed within 24 hours?

Yes  No

## Chauffeur or Employee Info

---

Do you have  Employees or  Independent Contractors

If employees, how many employees do you have:

Do you do a pre-screening drug test before hiring?

Yes  No

Is there any random drug testing after the employees are hired?

Yes  No

If yes, how often does testing take place:

Do your employees have their criminal background checked?

Yes  No

If the affiliate has employees, do they carry Worker's Compensation Insurance?

Yes  No

## Chauffeur or Employee Info - Continued

---

How many chauffeurs do you employ?

Are the chauffeurs equipped with cell phones that they can use to communicate with passengers?

Yes  No

Please describe your chauffeur training:

Are chauffeurs  W-2 employees or  1099 Independent Contractors

---

## Vehicle Info

---

Do you have the latest models of sedans and SUVs?

Yes  No

Do you have an updated Insurance Certificate?

Yes  No

Are your vehicles all black on black?

Yes  No

Do you allow smoking in your vehicles?

Yes  No

Are you equipped with vehicle tracking devices?

Yes  No

Are vehicles equipped with Drive-Cams?

Yes  No

## Vehicle Info - Continued

---

Any other technologies?

---

## Vehicle List and Rate Sheet

---

Vehicle Type	Make & Model	Year	Color	Quantity	Passenger Capacity	Airport Rate	Hourly Rate
Sedan							
Mercedes							
SUV							
Stretch							
Stretch							
Stretch							
Stretch SUV							
Stretch SUV							
Stretch SUV							
Passenger Van							
Passenger Van							
Passenger Van							
Executive Van							
Luggage Van							
Sprinter							

## Vehicle List and Rate Sheet - Continued

---

Vehicle Type	Make & Model	Year	Color	Quantity	Passenger Capacity	Airport Rate	Hourly Rate
Mini Coach							
Mini Coach							
Mini Coach							
Motor Coach							
Motor Coach							
Motor Coach							
Party Bus							
Party Bus							
Party Bus							
Other							

---

## Cancellation Policies

---

What are your cancellation policies and no show policies?

---

Do you agree to a 1 hour cancellation policy on local trips?

Yes     No

---

Do you agree to a 48 hour cancellation policy on bus trips?

Yes     No



## Airports

---

Where do you meet the passengers for arrivals?

---

Do you provide  Curbside Service or  Meet and Greet Service for arrivals

Do you charge for meet and greet?

Yes  No

If yes, how much do you charge?

---

Describe the airport meet greet capabilities for arrivals:

---

What airports (big and small) do you service in the area? Please provide airport codes along with airport names:

---

Do you track flights?

Yes  No

If yes, how do you track flights?

---

## **Once completed, please send back together with:**

- Completed Rate Sheet, hourly and transfers, affiliate discounts, parking and tolls.
- Complete the Driver's information table provided by DSL.
- Please send a Certificate of Liability Insurance. Have your agent send an ACORD with Desert Sedan Limo named as additional insured. Include a vehicle list from your insurance company with all vehicles insured under said policy.
- Please send a Certificate of Workers Compensation Insurance. Please have your agent send an ACORD with Desert Sedan Limo named as additional insured.
- Please send a copy of your limousine-operating license.
- Please send a NYC TLC base license (For NY affiliates only).

**To: [albert@desertsedanlimo.com](mailto:albert@desertsedanlimo.com)**

---

Desert Sedan Limo  
Attn: Albert Bajrami  
17470 N. Pacesetter Way  
Scottsdale, AZ 85255  
Phone # (480) 828-9858 • Fax # (480) 307-8870  
Email: [albert@desertsedanlimo.com](mailto:albert@desertsedanlimo.com)

**Thank You!**