



SECURED TRANSPORTATION SERVICE LICENSE

APPLICATION CHECKLIST

Application for Vehicle Permit – One for Each Vehicle

- _____ Application for Vehicle Permit – One for Each Vehicle (Form 3)
- _____ Copy of Certificate of Insurance Showing Automobile Liability Coverage
- _____ Certificate of Mechanical Inspection Form Completed by Licensed Mechanic – One for Each Vehicle (Form 4)
- _____ Certification of Compliance Signed by the designee of San Miguel County (Form 5)
- _____ Application Fee



SAN MIGUEL COUNTY
Application for Vehicle Permit

Name of Secure Transportation Service: _____

Type of Permit Sought: Type 1 (Partitioned) Type 2 (Non-Partitioned)

Vehicle Information:

Make: _____

Model: _____

Chassis Year: _____

VIN: _____

License Plate No.: _____

Date in Service: _____

Color: _____

Other Distinguishing Characteristics (e.g. logo):

The undersigned acknowledges that the Permit granted pursuant to this application is not transferable, and in the event that the vehicle is sold or transferred, the permit will not transfer.

The Undersigned hereby affirms that the Secure Transportation Service compliant with all applicable laws and regulations required to operate the above-reference vehicle in Colorado. The undersigned represents that he/she has the authority to act on behalf of the Secured Transportation Service, and all information in this application and accompanying documentation is true and accurate to the best of his/her knowledge.

Name

Date

Title



**Secure Transportation Certification of
Motor Vehicle Mechanical Evaluation**

Owner: _____

Year/Make/Model: _____

VIN: _____

Mileage: _____

MECHANICAL EVALUATION CHECK LIST

SYSTEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels, tires and brake systems			
Steering, alignment and suspension system			
Climate control and ventilation systems			
Lighting and electrical system			
Exhaust system			
Fuel system			
Glass, body, and sheet metal			

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.

Company Shop or Agency Name

Mechanic name (print or type)

Address

Mechanic Signature

Date



San Miguel County
SECURE TRANSPORTATION VEHICLE INSPECTION REPORT
 To be completed by designee of San Miguel County
 Please submit one form for each vehicle to be permitted – **FORM 5**

Name of Transportation Company _____

Chassis Year: _____ Make: _____ Model: _____

VIN: _____ License Plate No. _____

- Type of Permit (check one):
- Type 1 (partitioned)
 - Type 2 (non-partitioned)

- Class of License (check one):
- Class A (physical restraints may be used)
 - Class B (no physical restraints)

Date and location of inspection: _____

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
		Certification of compliance with Federal Motor Vehicle Safety Standards
		Four door body configuration
		Ligature risk reduction measures
		Child safety door locks for passenger compartment
		Window safety interlocks for passenger compartment
		Global Positioning System tracking
		Seat belt for each seating position
		Manufacturer's supplemental inflatable restraints operational
		Child safety seat in appropriate sizes for client population (if applicable)
		Operational temperature control and ventilation system
		Secure area clear of any item that may be used to inflict harm
		Mirror or video camera to visually observe and monitor client

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
		Fire extinguisher
		First aid kit
		Wireless two-way communication
		Biohazard bags
		Personal protective equipment for each vehicle occupant
		Map of service area
		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
		Permanent safety partition between driver and passenger compartments
		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: _____

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: _____

Print Name: _____