



SECURED TRANSPORTATION SERVICE LICENSE

APPLICATION CHECKLIST

Secured Transportation Service – One for Each Company

_____ Application for Secured Transportation Service License (Form 1)

_____ Copy of the following written policies and procedures

_____ General Policies and Procedures following National Best Practices Guidelines

_____ Staff Background Check Policy

_____ Class A Licenses: a policy which addresses physical restraint

_____ Client Rights Policies and Procedures

_____ Quality Management Program Policies and Procedures

_____ All other written policies or procedures, including any operational protocols, medical protocols, training procedures, and other relevant documents.

_____ Copy of Certificate of Insurance showing General and Professional Liability coverage and Worker's Compensation Coverage.

_____ Information Regarding Staff (Form 2)

_____ Application Fee



SAN MIGUEL COUNTY
Application for Secure Transportation
Service License

Name of Secure Transportation Service: _____

Address: _____

Manager Name: _____

Phone: _____ Email: _____

Type of License (check one):

- Class A (may use restraints)
- Class B (no restraints)

Secured Transportation Service List of Vehicles to be permitted (Must fill out a separate permit application for each vehicle):

| Vehicle Make & Model | Year | Type of Permit Sought 1 - Partitioned or 2 - Non-Partitioned |
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The undersigned acknowledges that the License granted pursuant to this application is not transferable, and in the event that the Secure Transportation Service is sold or transferred, the new owner will be required to obtain licensing and permits prior to beginning operations.

The Undersigned hereby affirms that the Secure Transportation Service complies with all applicable laws and regulations required to operate a secure transportation service 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 STAFFING REQUIREMENTS

Application for (check one) CLASS A CLASS B

Refer to Part 7, 6 CCR 1011-4: Standards for Secure Transportation Services
 Class A must complete training requirements set for in Part 7.7(A)(1), (2) & (3)
 Class B must complete training requirements set for in Part 7.7 (A)(1) & (2)

| | NAME | Valid Driver's License? (Required by all Staff) | Background Check completed? (Required for all staff) | Any Background Check Issues? If yes, attached details regarding compliance with Part 7.6, 6 CCR 1011-4 | Certification received for training requirements set forth in Part 7.7, 6 CCR 1011-4? |
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