
ADAMS COUNTY SECURE TRANSPORT LICENSE APPLICATION

Name of Secure Transportation Service:

Type of license (check one): Class A (may use restraints) Class B (no restraints)

INFORMATION FOR THE PERSON APPLYING FOR THE LICENSE (APPLICANT)

Applicant Name:

Service Address (include city, state, zip):

Service Main Telephone:

Applicant Telephone:

Applicant E-mail:

INFORMATION FOR THE MANAGER OF THE SECURE TRANSPORTATION SERVICE

Manager Name:

Age:

Service Mailing address (include city, state, zip):

Service Physical address (include city, state, zip):

Manager Business Telephone:

Manager Mobile Telephone:

E-mail:

Manager's qualifications (list education, knowledge and experience, or attach a resume clearly listing qualifying education, knowledge and experience):

CONTACT INFORMATION FOR OWNERS, PARTNERS OR DIRECTORS (ATTACH ADDITIONAL SHEETS IF NEEDED):

Owner Partner Stockholder Director

Name:

Address (include city, state, zip):

Business Telephone:

Mobile Telephone:

E-mail:

AREA TO BE SERVICED BY THE SECURE TRANSPORTATION SERVICE (IF DESCRIBED ON MAP WRTE "SEE ATTACHED MAP")

LOCATION(S) FROM WHICH IT IS INTENDED TO OPERATE THE SECURE TRANSPORTATION SERVICE:

SECURE TRANSPORT LICENSE APPLICATION REQUIREMENTS

Attach additional required documents to this application:

- Certificate of Motor Vehicle Condition
- Permit Application for each vehicle needing inspection
- Proof of Insurance
- List of Personnel with their state Driver's License expirations dates (No license numbers)
- Map of Service Area

Company Name

Please print the applicant's name

Telephone:

Address (include city, state, zip):

Email

The following are licensing requirements of a secure transportation service:

- 1) Inform the county within fourteen (14) business days, in writing, of changes regarding the manager or administrator of record.
- 2) Meet Part 7 based on their appropriate license and/or vehicle permit type
- 3) Provision of Medical Oversight for the secure transportation service and personnel
- 4) Provision of a continuous quality improvement (CQI) program that meets the newest standards of CCR (must be available to County upon request)
- 5) Understand the annual data reporting requirements required to be reported CDPHE and have measures in place to track data from my Secure Transportation Service
- 6) Ensure that the secure transportation service completes and submits an agency profile with CDPHE
- 7) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County (Non-compliance with any of these requirements may result in suspension or revocation of secure transportation service license).

Certain providers of secure transportation services are exempt from licensing requirements. By signing below, the applicant acknowledges that the applicant is responsible for determining whether an exemption applies and that once the applicant elects to submit an application, no refund of license or permit fees will be made if the applicant later determines that an exemption applies.

I, _____, the applicant, understand and acknowledge the requirements to be a Secure Transportation Service and adhere to the above for my Secure Transportation Service (named),

Applicant's Signature _____ Date Signed _____

SUBSCRIBED AND AFFIRMED BEFORE ME THIS _____ DAY OF _____ 20, IN THE COUNTY OF _____, STATE OF COLORADO.

Signature of Notary

My Commission Expires

[SEAL]