
ADAMS COUNTY SECURE TRANSPORT PERMIT APPLICATION

Name of Secure Transportation Service:

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

INFORMATION FOR THE SECURE TRANSPORTATION VEHICLE OWNER

Owner Name:

Address (include city, state, zip):

Business Telephone:

Mobile Telephone:

E-mail:

INFORMATION FOR THE PERSON APPLYING FOR THE SECURE TRANSPORTATION VEHICLE PERMIT

Applicant Name:

Mailing Address (include city, state, zip):

Physical Address (include city, state, zip):

Business Telephone:

Mobile Telephone:

E-mail:

SECURE TRANSPORTATION VEHICLE INFORMATION

Chassis year:

Make:

Model:

VIN:

License plate:

Date in service (month/year):

Color:

Other distinguishing characteristics:

CERTIFICATE OF MOTOR VEHICLE CONDITION - TO BE COMPLETED BY LICENSED MECHANIC

Secure Transportation Service:

Chassis Year:

Make:

Model:

VIN:

License plate:

Current Mileage

SYSTEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels, tires			
Brake Systems			
Steering, alignment			
Suspension			
Climate Control/Ventilation			
Lighting and Electrical			
Exhaust			
Fuel			
Glass, body, and sheet metal intact			

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle is in compliance with Federal Motor Vehicle Safety Standards and have determined that the vehicle is in safe operating condition as of the signed date below. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.

Service Shop or Agency Name

Mechanic name (print or type)

Shop Address

Mechanic Signature

Date

SECURE TRANSPORTATION VEHICLE INSPECTION REPORT - ACSO INSPECTOR

Secure Transportation Service:

Type of permit (check one)

Type 1 (partitioned)

Type 2 (non-partitioned)

Date and location of inspection:

SECURE TRANSPORTATION VEHICLE INFORMATION

Chassis year:

Make:

Model:

Unit Number:

VIN:

Odometer:

License plate :

License Expiration Date:

Insurance:

Policy:

Expiration:

Secure Transport Sticker #:

Previous Sticker #:

REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:

MECHANICAL SYSTEMS

- | | | | | |
|-----|---|------------|-------------|-------------------|
| Yes | No – Vehicle Starts | | | |
| Yes | No - Running Lights: | headlights | tail lights | brake lights |
| Yes | No - Wipers in working condition | | | |
| Yes | No - Spare Tire. If no, driver uses | fleet | | road side service |
| Yes | No - Four door body configuration | | | |
| Yes | No - Seat belt for each seating position | | | |
| Yes | No - Operational temperature control and ventilation system | | | |

SAFETY

- | | | | |
|-----|---|--|-------------|
| Yes | No – Primary Communications | cell phone | 2-way radio |
| Yes | No - Dispatched by: | | |
| Yes | No – Child safety door locks for passenger compartment | | |
| Yes | No - Window safety interlocks for passenger compartment | | |
| Yes | No - Working Global Positioning System tracking | | |
| Yes | No - Ligature risk reduction measures | | |
| Yes | No | N/A - Child safety seat in appropriate sizes for client population | |

- Yes No - Secure area clear of any item that may be used to inflict harm
- Yes No – Mirror or video camera to visually observe and monitor client
- Yes No - Basic First aid kit
- Yes No – Biohazard bags
- Yes No - Personal protective equipment for each vehicle occupant
- Yes No - Interior Fire extinguisher (ABC 5-10lbs) Due Date:
- Yes No - Map of service area
- Yes No -Working Flashlights for each staff member
- Yes No - Safety reflective vests

All equipment and supplies on the vehicle are properly secured, maintained and stored in accordance with manufacturer recommendations.

Additional requirements for Type 1 secure transportation vehicles:

- Yes No - Permanent safety partition between driver and passenger compartments
- Yes No - Safety partition between passenger compartment and cargo area (if applicable)
- Yes No - Automated external defibrillator
- Yes No - Soft restraints
- Yes No - Device to prevent spitting or biting that does not restrict airway or breathing ability, and does not pose a ligature risk

Additional Comments:

Approved

Not Approved – Re-Inspection

Inspection Expires:

Date of Re-Inspection:

Secure Transportation Representative Name (Printed):

Date:

Secure Transportation Representative Signature:

Inspector Name (Printed):

Date:

Inspector Signature: