



OFFICE OF THE CLERK AND RECORDER

**SECURE TRANSPORTATION SERVICE LICENSE
APPLICATION CHECKLIST**

As of January 2023

- _____ Application for Secure Transportation Service License
- _____ Certificate of Good Standing from the Colorado Secretary of State Office
<https://www.coloradosos.gov/>
- _____ Copy of the following written policies and procedures
 - _____ General Policies and Procedures following National Best Practices Guidelines, including staff background check policy
 - _____ Operational and, if applicable, Medical Protocols
 - _____ Training Procedures
 - _____ Attestation that the Manager and Administrator meet the specific standards
 - _____ Class A Licenses: a policy which addresses physical restraint
 - _____ Client Rights and related Policies and Procedures
 - _____ Quality Management Program Policies and Procedures
- _____ Copy of Certificate of Insurance showing General and Professional Liability coverage, Worker's Compensation coverage, and Vehicle Insurance coverage.
 - _____ Liability insurance for injuries in the amount of \$1,000,00 for each individual claim
 - _____ Liability insurance in the amount of \$3,000,000 for all claims made against the secure transportation service or against is personnel form and insurance company authorized to write liability insurance in Colorado
 - _____ Minimum Vehicle Insurance Coverage as defined by §§ 10-4-609 and 42-7-103(2), C.R.S., with El Paso County identified as the certificate holder
 - _____ Minimum Worker's Compensation insurance consistent with Articles 40-47 of Title 8, C.R.S.
- _____ Secure Transportation Service Licensing - Staffing Requirements Form and proof of completion

- _____ Secure Transportation Vehicle Permit Application (required for each vehicle)
- _____ Secure Transportation Vehicle Evaluation Certification (each vehicle)
- _____ Secure Transportation Vehicle Inspection Report (each vehicle)
*El Paso County completes this inspection
- _____ Application Fees
 - _____ \$250.00 for each new and renewal Secure Transportation License Application
 - _____ \$100.00 for each new and renewal Secure Transportation Vehicle Permit

Secure Transportation Service License Application

License Type: Class A (may use restraints) Class B (no restraints)

I. Company Information

Name of Company: _____

Address: _____

City/State/Zip: _____

Applicant Name & Title: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Service List of Vehicles to be Permitted (must fill out separate permit application for each vehicle):

Vehicle Make & Model	Year	Type 1 (partitioned)	Type 2 (non-partitioned)

The undersigned acknowledges that the License granted pursuant to this application is not transferrable, and in the event the Secure Transportation Service is sold or transferred, the new owner will be required to obtain licensing and permits prior to beginning operations. Changes regarding the manager or administrator must be filed with the County within 14 business days.

The undersigned hereby affirms that the Secure Transportation Service is compliant 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 Secure Transportation Service provider and all information in this application and accompanying documentation is true and accurate to the best of his/her knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

Secure Transportation Service Licensing - Staffing Requirements

License Type: Class A (may use restraints) Class B (no restraints)

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

	Staff Member Name	Valid Driver's License? (Required for Secure Transportation drivers)	Background check completed? (Required for all staff)	Any background check issues? If yes, attach details regarding compliance with Part 7.6(1).	Certification received for training requirements set forth in Part 7.7?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Secure Transportation Vehicle Permit Application

Please submit one form per vehicle to be permitted.

Name of Secure Transportation Service Licensee: _____

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

Vehicle Information

Make: _____

Model: _____

Chassis Year: _____

VIN: _____

License Plate No.: _____

Date in Service: _____

Color: _____

Please submit with this application:

- Proof of motor vehicle insurance
- Certificate of mechanical inspection
- Photo of vehicle
- Copy of registration

The undersigned acknowledges that the Permit granted pursuant to this application is not transferrable, 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 is compliant with all applicable laws and regulations required to operate the above-referenced vehicle in Colorado. The undersigned represents that he/she has the authority to act on behalf of the Secure Transportation Service, and all information in this application and accompanying documentation is true and accurate to the best of his/her knowledge.

Administrator Signature: _____ Date: _____

Secure Transportation Service License Vehicle Evaluation

Secure Transportation Service Company: _____

Chassis Year: _____ Make: _____ Model: _____

VIN: _____ Mileage: _____

VEHICLE EVALUATION CERTIFICATION

As a qualified motor vehicle mechanic, I have evaluated the described vehicle and have determined the following:

1. The vehicle complies with the applicable Federal Motor Vehicle Safety Standards on the date of manufacture in accordance with one of the following (check one):

_____ 49 C.F.R. Part 567.4 (a) for manufactured motor vehicles (except replica motor vehicles and vehicles manufactured in two (2) or more stages)

_____ 49 C.F.R. Part 567.5 for vehicles that are manufactured in to (2) or more stages

_____ 49 C.F.R. Part 567.7 for certified vehicles that are altered

AND

2. Based on documentation or other information provided, the vehicle has undergone routine vehicle maintenance and periodic checks in accordance with manufacturer recommendations.

This evaluation does not guarantee future status of the vehicle operation condition due to conditions beyond my control.

Company Shop or Agency Name: _____

Address: _____

Mechanic Name (print or type): _____

Mechanic Signature: _____ Date: _____