



SECURE TRANSPORTATION SERVICE LICENSE & PERMIT APPLICATION

SECURE TRANSPORTATION SERVICE LICENSE & PERMIT APPLICATION CHECKLIST

Secure Transportation Service providers requesting to obtain a license and permit(s) to operate in Moffat County must complete the enclosed application and attach the following documents. The following checklist must be completed and returned with all required documentation to Moffat County Emergency Management.

Upon receipt and review of the documents, Emergency Management will schedule the vehicle compliance inspections and if everything is approved, your license and permits will be submitted to the Board of County Commissioners for approval at a regularly scheduled meeting (second and fourth Tuesdays of each month).

Completed Application packets should be emailed to: *Moffat County Emergency Management: oem@moffatcounty.net | Questions can be directed to 970-826-2308.*

Included?	Required Documentation for Secure Transport License
	1) Secure Transportation Service License Application FORM A1
	2) Submission of Employee Roster showing compliance with minimum staffing requirements for the license for which you are applying. FORM A2
	3) For Agencies seeking a new license, PDF copies of the following written policies and procedures (renewal applicants do not need to re-submit unless substantial changes have been made to policies): <ul style="list-style-type: none"> • General Policies and Procedures following National Best Practices Guidelines • Staff Background Check Policy • Agency Policy and Procedure on Client Rights • Quality Management Program – Policy and Procedures • Policy on use of physical restraint if applying for a Class A License • All other written policies and procedures including operational and/or medical protocols, training requirements and relevant documents as specified in State of Colorado or Moffat County Regulations.
	3) Certificates of Insurance (including self-insured government agencies) that clearly show coverage for the agency in the following amounts: <u>Certificates must show issue and expiration date, coverage amounts and list Moffat County as an additional insured.</u> <ol style="list-style-type: none"> a) Liability Insurance Coverage <ol style="list-style-type: none"> i. Liability insurance for injuries in the amount of \$1,000,000 for each individual claim; with the County identified as the certificate holder. ii. Liability insurance in the amount of \$3,000,000 for all claims made against the secure transportation service or against its personnel from an insurance company authorized to write liability insurance in Colorado; with the County identified as the certificate holder. iii. Motor vehicle insurance covering all owned and non-owned vehicles with minimum vehicle insurance coverage as defined by Section 10-4-609 and Section 42-7-103(2), C.R.S with the County identified as the certificate holder. iv. Statutory Workers Compensation Insurance. b) Statutory Workers Compensation Insurance c) All insurance policies must be issued by an insurance company authorized to write liability insurance in Colorado.
	5) Payment of Secure Transportation Service Provider License Fee at time of application Make Checks payable to: Moffat County License Fee: \$100.00 Permit Fee: \$20.00 per vehicle (ambulances exempt) Replacement Permit: \$20.00 per vehicle
	6) Attachments: <ul style="list-style-type: none"> • For initial applications, attach a resume/curriculum vitae for the Owner/Administrator. Renewal applications do not require the resume, except following a change in the Owner/Administrator.

Any changes to any license information must be sent to Moffat County Emergency Management within thirty (30) days of change, except, when a different time frame is specifically required under County regulations. If the Emergency Manager sees the license information change as a major change, it may be sent to the Board of County Commissioners for approval.

Secure Transport Service Licenses are valid for three (3) years from the date of issue. Renewal applications must be received at least sixty (60) days prior to the expiration of any license. Vehicle permits are valid for one (1) year from the date of issue and renewal applications must be received at least 45 days prior to expiration of the permit.

For Renewal Applications – Expiration date of Current License: _____



SECURE TRANSPORT SERVICE APPLICATION

FORM A1

Date of Application:

Application Type: Renewal New

ORGANIZATION REQUESTING SECURE TRANSPORT SERVICE LICENSE

Official Company Name:

Trade Name (DBA):

Physical Address of Office:

City:

Zip:

Office Mailing Address: Same

City:

Zip:

Phone:

Fax:

Office Email:

Type of Business:

Special District

501(c)3 Non-Profit

Corporation

Other:

Type of License: (Check One)

Class A – May use Restraints

Class B – No Restraints

ADMINISTRATOR/OWNER INFORMATION:

Name:

Title:

Certifications:

Office Phone:

Cell Phone:

Email:

MANAGER/COMPLAINT INTAKE REPRESENTATIVE:

MANAGER:

Title:

Certifications:

Cell Phone:

Email:

COMPLAINT INTAKE REP:

Title:

Certifications:

Cell Phone:

Email:

SECURE TRANSPORT OFFICE LOCATIONS YOU PLAN TO OPERATE OUT OF:

Physical Address:

City:

1 Area Served by location:

of vehicles total:

of Type 1 Vehicles:

of Type 2 Vehicles:

Physical Address:

City:

2 Area Served by Station:

of vehicles total:

of Type 1 Vehicles:

of Type 2 Vehicles:

Physical Address:

City:

3 Area Served by Station:

vehicles total:

of Type 1 Vehicles:

of Type 2 Vehicles:

LIST ALL COUNTIES IN COLORADO YOU ARE LICENSED TO OPERATE IN*:

**Attach copies of all licenses and permits from other counties to your application.*

Have you ever been denied a Secure Transport Service License or Permit by any County in Colorado?

No Yes - If Yes, please explain.



SECURE TRANSPORT SERVICE APPLICATION

FORM A1 | PAGE 2

LIABILITY INSURANCE COMPANY

Company Name: **AUTO INSURANCE** [] CHECK HERE IF SAME AS

Agent: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

WORKMAN'S COMPENSATION PROVIDER

Company Name: _____

Agent: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SCOPE OF SERVICES

Briefly describe the services you intend to provide in Moffat County.

Application Certification:

I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification. The undersigned acknowledges the License and Permits granted pursuant to this application are not transferrable and may not be assigned. In the event the Secure Transportation Service is sold or changes ownership, services must stop and the new owner apply for a new license before services may resume.

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 has the authority to act on behalf of the Secure Transportation Service and certifies that all information in this application and accompanying documentation is true and accurate to the best of his/her knowledge.

I understand if a Moffat County Secure Transport Service License and/or Permit is obtained using false information, it shall be grounds for license and/or Permit revocation and possible criminal prosecution.

Owner/Administrator Signature _____ Date: _____

Printed Name: _____ Title: _____



SECURE TRANSPORT SERVICE APPLICATION

FORM A2

EMPLOYEE ROSTER & COMPLIANCE WITH TRAINING/STAFFING REQUIREMENTS

Secure Transportation Services must meet the Staffing and Training Requirements as defined in Part 7, 6 CCR 1011-4: Standards for Secure Transportation Services and Moffat County Regulations for Secure Transport Services. Specifically, Class A licensed services must have staff that meet training requirements as defined in Part 7.6 and Part 7.7(A)(1), (2) & (3) and Class B licensed service providers must have staff that meet the requirements of Part 7.6 and complete training requirements set forth in Part 7.7(A)(1) & (2).

Every applicant for a secure license application must submit to Moffat County as part of their application this form which outlines the staff currently employed by the Service at the time of application showing they are in compliance with State and County staffing and training requirements. If the County upon review of employee rosters finds staffing and/or training is not in compliance with County and State regulations, the license will be denied or may be suspended per the procedures outlined in County Regulations.

Applicant certifies the below staff meet minimum staffing and training requirements as specified in Moffat County Secure Transportation Service Regulations Section 12 and Colorado Regulations 6 CCR 1011-4. Moffat County reserves the right to inspect training records for all staff members and applicant shall make available training records for employees upon the request of a representative from Moffat County.

Administrator Name: _____ Administrator Signature: _____

Attach additional pages as needed

#	Employee Name	Age	Valid Driver's License? Required for all staff.	Date of Last Background Check. Required for all Staff	Any Background Check Issues? If yes, attach details regarding compliance with County and State Regulations.	Required Training Completed as of Date of Application.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						



SECURE TRANSPORT SERVICE APPLICATION

FORM B1

SECURE TRANSPORT SERVICE – VEHICLE PERMIT APPLICATION

The Secure Transport Vehicle Permit Application is required for as part of all Secure Transport Service licenses and annually for renewal of Secure Transport Vehicle Permits. For **License Applications**, the application must be completed and returned as part of your License Application packet. For **Permit Renewals**, the following checklist must be completed and returned with all required documentation to Moffat County Emergency Management at least 45 days prior to the expiration of your current permit(s).

Upon receipt and review of the documents, Emergency Management will schedule the vehicle compliance inspections and if everything is approved, your permits will be submitted to the Board of County Commissioners for approval at a regularly scheduled meeting (second and fourth Tuesdays of each month).

Note, if you add a vehicle or replace a vehicle during the license year, a new permit application must be received and the new vehicle cannot be used in transports until a new permit is issued by Moffat County. The license is not transferrable and may not be assigned. Any new permits issued during the active permit year will be set to expire with the other permits held by the service unless the service only has one permit, at which time it shall expire one year from the date of issue.

Completed Application packets should be emailed to: *Moffat County Emergency Management (oem@moffatcounty.net)* | *Questions can be directed to 970-826-2308.*

Included?	Required Documentation for Secure Transport Permit
	1) Secure Transport Service Vehicle Permit Application (this form) FORM B1
	2) Certificate of Motor Vehicle Condition for EACH Vehicle signed by a qualified motor vehicle mechanic FORM B2
	3) Certificates of Insurance (including self-insured government agencies) that clearly shows coverage for the agency in the following amounts: <u>Certificates must show issue and expiration date, coverage amounts and list Moffat County as an additional insured.</u> <ul style="list-style-type: none"> a) Liability Insurance Coverage <ul style="list-style-type: none"> i. Liability insurance for injuries in the amount of \$1,000,000 for each individual claim; with the County identified as the certificate holder. ii. Liability insurance in the amount of \$3,000,000 for all claims made against the secure transportation service or against its personnel from an insurance company authorized to write liability insurance in Colorado; with the County identified as the certificate holder. iii. Motor vehicle insurance covering all owned and non-owned vehicles with minimum vehicle insurance coverage as defined by Section 10-4-609 and Section 42-7-103(2), C.R.S with the County identified as the certificate holder. iv. Statutory Workers Compensation Insurance. b) Statutory Workers Compensation Insurance c) All insurance policies must be issued by an insurance company authorized to write liability insurance in Colorado.
	4) Secure Transport Vehicle Inspection Compliance Report FORM B3
	5) Payment of Secure Transportation Service Provider License Fee at time of application Make Checks Payable to: Moffat County Permit Fee: \$20.00 per vehicle Replacement Permit: \$20.00 per vehicle

Date of Application: _____ **Application Type:** [] Renewal [] New [] Replacement

ORGANIZATION REQUESTING SECURE TRANSPORT SERVICE PERMIT

Official Company Name: _____

Trade Name (DBA): _____

Physical Address of Office: _____ **City:** _____ **Zip:** _____

Office Mailing Address: [] Same **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Office Email:** _____

Type of Business:	Special District	501(c)3 Non-Profit	Corporation	Other:
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FOR PERMIT RENEWALS: _____ **Expiration Date of Current Permit(s):** _____

Active Secure Transport Service License No. _____ **Issuing County:** _____ **Issue Date:** _____

What Class of License do you currently hold?	Class A – May use Restraints	Class B – No Restraints	Expiration Date: _____
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SECURE TRANSPORT SERVICE APPLICATION

FORM B1 | PAGE 2

SECURE TRANSPORT SERVICE ADMINISTRATOR/OWNER INFORMATION:

Name: _____ **Title:** _____ **Certifications:** _____
 Office Phone: _____ Cell Phone: _____ Email: _____

MANAGER/INSPECTION POINT OF CONTACT(S):

MANAGER: _____ **Title:** _____
 Certifications: _____ Cell Phone: _____ Email: _____
Name: _____ **Title:** _____
 Certifications: _____ Cell Phone: _____ Email: _____

SECURE TRANSPORT VEHICLES

THIS SECTION REQUIRED FOR ALL VEHICLES TO BE PERMITTED FOR SECURE TRANSPORT IN MOFFAT COUNTY
 TYPE I VEHICLE IS PARTITIONED, AND A TYPE II VEHICLE IS NOT PARTITIONED – REFER TO MOFFAT COUNTY REGULATIONS FOR FULL LIST OF VEHICLE REQUIREMENTS.

Unit #	Year	Make	Model	Type I or II	Color	Plate #	Mileage	VIN #	RENEWAL: CURRENT PERMIT #

ADDITIONAL VEHICLE DETAILS

Additional Comments about vehicles relevant to permitting process: _____

AUTO INSURANCE COMPANY

Company Name: _____
Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **Email:** _____
Insurance Agent: _____
Phone: _____ **Fax:** _____ **Email:** _____

Application Certification:

I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification. The undersigned acknowledges the License and Permits granted pursuant to this application are not transferrable and may not be assigned. In the event the Secure Transportation Service is sold or changes ownership, services must stop and the new owner apply for a new license before services may resume.

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 has the authority to act on behalf of the Secure Transportation Service and certifies that all information in this application and accompanying documentation is true and accurate to the best of his/her knowledge.

I understand if a Moffat County Secure Transport Service License and/or Permit is obtained using false information, it shall be grounds for license and/or Permit revocation and possible criminal prosecution.

Owner/Administrator Signature _____ Date: _____



SECURE TRANSPORT SERVICE APPLICATION

FORM B2

CERTIFICATE OF MOTOR VEHICLE CONDITION

Secure Transport Service providers must be licensed and have EACH non-ambulance vehicle which they intend to use for secure transports inspected by an **ASE Certified Technician** on an annual basis and provide proof of mechanical inspection. Any vehicle which fails a mechanical inspection will not be permitted until a mechanical inspection is passed. Maintenance records and other necessary documents must be provided immediately upon request of the County.

Return this completed form with an attached completed mechanical inspection for **each** vehicle (not including ambulances) you wish to have permitted in Moffat County.

Mechanical Inspection Performed by:

Company Name: _____

Technician Name: _____ ASE# _____

Address: _____

City: _____ State: CO Zip: _____

Phone: _____

The undersigned, professing to be a qualified motor vehicle mechanic, has of this date, evaluated the mechanical condition of the below identified vehicles, determined they are in safe operating condition and that each vehicle was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. The mechanical inspection does NOT warrantee future status of the ambulance due to conditions beyond the mechanic's control but states each vehicle is in compliance with State of Colorado motor vehicle statutes, rules and/or regulations, Federal motor vehicle safety standards and statutes, rules or regulations governing motor vehicles.

Technician's Signature _____ Date: _____

SECURE TRANSPORT VEHICLES						
Year	Make	Model	Plate #	Mileage	Last 6 of VIN	Pass/Fail



SECURE TRANSPORT SERVICE APPLICATION

FORM B3

SECURE TRANSPORTATION VEHICLE INSPECTION COMPLIANCE REPORT

To be completed by Moffat County Emergency Manager upon receipt of Application Packet. Please pre-fill vehicle details and submit one (1) form for each vehicle to be permitted.

Secure Transport Service Provider Name: _____

Vehicle Chassis/Manufacture Year: _____ Make: _____ Model: _____

VIN # _____ CO License Plate # _____

Type of Permit being Sought: [] Type I – Partitioned [] Type II – Non Partitioned

Requirement Met?		County and State Requirement for ALL Secure Transportation Vehicles
YES	NO	
		Certification of compliance with Federal Motor Vehicle Safety Standards
		Vehicle is a four-door configuration
		Ligature risk reduction measures are in place
		Child safety door locks are enabled for passenger compartment
		Window safety interlocks for passenger compartment are active
		Vehicle is equipped with a Global Positioning System (GPS) Tracking Device/Software Name of Service: _____
		Vehicle is outfitted with a seat belt for each seating position and all function properly.
		Vehicle manufacturer’s supplemental inflatable restraints (airbags) are operational and haven’t been disabled
		Service has access to child safety seat in appropriate size for pediatric clients
		Vehicle is equipped with HVAC system that can be adjusted for the passenger compartment
		The secure area is clear of any item that may be used to inflict harm to the patient or staff.
		Vehicle is outfitted with a mirror and/or video camera to visually observe and monitor client during transport
		First Aid Kit
		Fire extinguisher
		Vehicle is equipped with a Wireless two-way communication – cell phone and/or two-way radio Devices: _____
		BioHazard Bags
		Personal Protective equipment for each vehicle occupant to include gloves for biohazard cleanup
		Hard Copy map of Service Area
		All equipment and supplies in the vehicle are properly secured and maintained
TYPE 1 PARTITIONED VEHICLES MUST ALSO INCLUDE:		
		Permanent installation of all safety partitions;
		A safety Partition must be installed that separates the passenger compartment from the cargo area. [<input type="checkbox"/>] N/A
FOR CLASS A LICENSED SERVICE PROVIDERS WITH TYPE I VEHICLES:		
		Automated External Defibrillator (AED) with current pads and battery and spare pads
		Soft Restraints
		Spit Hood to prevent spitting or biting that does not restrict airway or breathing or pose a ligature risk.

Comments:

I certify that I inspected the above referenced vehicle as indicated and the vehicle meets the minimum requirements to serve as a Secure Transportation Vehicle in Moffat County.

 Moffat County Emergency Manager

 Signature

 Date of Inspection



SECURE TRANSPORT SERVICE APPLICATION

Inspection of Motor Vehicle Condition

Date of Inspection: _____ Agency's Fleet Number: _____
 VIN: _____ Vehicle Owner: _____
 Make: _____ Model: _____ Year: _____
 License Plate Number: _____ Expiration Date: _____

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Alignment			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Engine Cooling System			
Exhaust system			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Running Lights			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

The undersigned, professing to be an ASE Technician, has of this date evaluated the mechanical condition of the identified vehicle, determined that this vehicle is in safe operating condition, and that the vehicle was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warranty future status of the vehicle due to conditions beyond mechanic's control.

Technician's Signature

ASE #

Date

Company Name

Address

Telephone