



SECURE TRANSPORTATION OPERATOR LICENSE

APPLICATION CHECKLIST

- ☐ Application for Secured Transportation Service License (Form 1)
- ☐ Staff Roster (Form 2)
- ☐ Copy of Certificate of Insurance showing General and Professional Liability coverage and Worker's Compensation coverage.
- ☐ Application Fee
- ☐ Upon Request of the County, copy of the following written policies and procedures:
 - ☐ General Policies and Procedures following National Best Practices Guidelines
 - ☐ Staff Background Check Policy
 - ☐ For 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.



APPLICATION FOR SECURE TRANSPORTATION OPERATOR LICENSE (FORM 1)

Name of Company: _____

Address: _____

Type of License Requested:

- ☐ Class A - Licensees may use physical restraint during the provision of secure transportation.
- ☐ Class B – Licensees shall not use physical restraint during the provision of secure transportation.

Manager Information:

Name: _____

Phone: _____ Email: _____

Qualifications to oversee Secure Transportation Services (Education, knowledge, experience):

Administrator Information:

Name: _____

Phone: _____ Email: _____

Qualifications to oversee Secure Transportation Services (Education, knowledge, experience):



APPLICATION FOR SECURE TRANSPORTATION OPERATOR LICENSE (FORM 1)

Acknowledgements:

The undersigned acknowledges that the License granted pursuant to this application is not transferrable, 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 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 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



**APPLICATION FOR SECURE TRANSPORTATION
STAFF ROSTER
(FORM 2)**

Staff Name	Valid CO Driver's License Number	Did the required background check of this individual reveal a prior conviction of a violent, fraudulent, or abusive nature? *	Certification that staff person has completed required training established in 6 CCR 1011-4, § 7.7.

If any background check revealed a prior conviction of a violent, fraudulent, or abusive nature, please provide a separate written description of the manager and administrator's review to determine potential impact on client safety, reasons for hire, and plans for supervision in accordance with 6 CCR 1011-4, § 7.5(C)(1).

Acknowledgement: The undersigned represents that all information provided on this staff roster and any accompanying documentation is true and to the best of his/her knowledge.

Name

Date

Title