



## PUEBLO COUNTY

### Secure Transportation License Application

1. Name of Secure Transportation Service: \_\_\_\_\_
2. Type of license or Permit (check one): Class A License (may use restraints) Class B License (no restraints)
3. Full Name of person applying for the license/permit (applicant): \_\_\_\_\_  
Service Address (include city, state, zip): \_\_\_\_\_  
Service Main Telephone: \_\_\_\_\_ Applicant Telephone: \_\_\_\_\_  
Applicant E-mail: \_\_\_\_\_
4. Contact 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: \_\_\_\_\_
5. Manager's qualifications (list education, knowledge and experience, and attach a resume clearly listing qualifying education, knowledge and experience):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Contact information for owners, partners or directors (attach additional sheets if needed):  
Owner Partner Stockholder Director Name:  
\_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Owner Partner Stockholder Director Name:  
\_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Owner Partner Stockholder Director Name:  
\_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner Partner Stockholder Director Name:

\_\_\_\_\_

Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner Partner Stockholder Director Name:

\_\_\_\_\_

Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Area to be served by the secure transportation service (if described on map write "See attached map"):

\_\_\_\_\_  
\_\_\_\_\_

8. Location(s) from which it is intended to operate the secure transportation service:

\_\_\_\_\_  
\_\_\_\_\_

Attach additional required documents to this application:

- Certificate of Motor Vehicle Condition
- Permit Application for each vehicle needing inspection
- List of Personnel with their state Driver's License expirations dates (No license numbers)
- Map of Service Area Company Name
- Policies and Procedures required on attached Exhibit A

The following are some (but not all) additional 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
- 5) Understand the annual data reporting requirements required to be reported to CDPHE and have measures in place to track data from my Secure Transportation Service
- 6) Complete and submit 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 requirements may result in suspension or revocation of secure transportation service license).

***I hereby certify that the information provided in this application is true and accurate to the best of my knowledge and beliefs, meets the new 6 CCR 1011-4 Rule, and contains no willful misrepresentations or falsification.***

***Determination that a secure transportation service license has been issued based on false information constitutes grounds for license revocation and possible civil liability and/or criminal prosecution.***

Please print the applicant's name \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

Please print the applicant's name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, the applicant, have read, acknowledge and understand the requirements to be a Secure Transportation Service as required by 6 CCR 1011-4 and Pueblo County Policy and Procedures Regarding Secure Transportation Services and agree to adhere to the Code, County Policy, the above requirements and all applicable federal, state and local laws for my Secure Transportation Service, \_\_\_\_\_.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

SUBSCRIBED AND AFFIRMED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2023, IN THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_ in the STATE OF COLORADO.

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_ [SEAL]