

SECURED TRANSPORTATION SERVICE LICENSE
2023 APPLICATION CHECKLIST

_____ Application for Secured Transportation Service License (Form 1)

_____ Copy of the following written policies and procedures

_____ General Policies and Procedures following National Best Practices Guidelines

_____ Staff Background Check Policy

_____ 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.

_____ Copy of Certificate of Insurance showing General and Professional Liability coverage and Worker's Compensation coverage.

_____ Information Regarding Staff (Form 2)

_____ Application Fee

SECURED TRANSPORTATION SERVICE PERMIT
2023 APPLICATION CHECKLIST

- _____ Application for Vehicle Permit – One for Each Vehicle (Form 3)
- _____ Copy of Certificate of Insurance Showing Automobile Liability Coverage
- _____ Certificate of Mechanical Inspection Form Completed by Licensed
Mechanic - One for Each Vehicle (Form 4)
- _____ Certification of Compliance Signed by the Emergency Manager (form 5)
- _____ Application Fee

CHEYENNE COUNTY
APPLICATION FOR
SECURE TRANSPORTATION LICENSE
(Revised 2022)

Name of Company: _____

Address: _____

Manager Name: _____

Phone: _____ Email: _____

Administrator Name: _____

Phone: _____ Email: _____

Type of License Requested: Class A Class B

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

Vehicle Make & Model	Year	Type of Permit Sought 1 (Partitioned) or 2 (Non-Partitioned)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

SECURE TRANSPORTATION STAFFING REQUIREMENTS

Application for (check one) Class A Class B License

Refer to Part 7, 6 CCR 1011-4: Standards for Secure Transportation Services

Class A must complete training requirements set for in Part 7.7(A)(1), (2) & (3)

Class B must complete training requirements set for in Part 7.7(A)(1) & (2)

	NAME	Valid Driver's License? (Required for all staff)	Background check completed? (Required for all staff)	Any Background Check Issues? If Yes, attach details regarding compliance with Part 7.6, 6 CCR 1011-4.	Certification received for training requirements set forth in Part 7.7, 6 CCR 1011-4?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CHEYENNE COUNTY APPLICATION
FOR VEHICLE PERMIT

Please submit one form per vehicle to be permitted.
In addition to this form, proof of insurance and mechanical inspection must be submitted.

Name of Secured Transportation Service: _____

Type of Permit Sought: Type 1 (Partitioned) Type 2 (Non-Partitioned)

Vehicle Information:

Make: _____

Model: _____

Chassis Year: _____

VIN: _____

License Plate No.: _____

Date in Service: _____

Color: _____

Other Distinguishing Characteristics (e.g. logo):

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-reference vehicle 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

**Cheyenne County Secure Transportation
Certificate of Motor Vehicle Condition**
Please submit one form per vehicle to be permitted.

Secure Transportation Service Name: _____

Chassis Year: _____ Make: _____ Model: _____

VIN: _____ Mileage: _____

MECHANICAL EVALUATION CHECK LIST

SYSTEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels, tires and brake systems			
Steering, alignment and suspension system			
Climate control and ventilation systems			
Lighting and electrical system			
Exhaust system			
Fuel system			
Glass, body, and sheet metal			

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.

Company Shop or Agency Name

Mechanic name (print or type)

Address

Mechanic Signature

Date

Cheyenne County
SECURE TRANSPORTATION VEHICLE INSPECTION
REPORT To be completed by Cheyenne County Emergency
 Manager Please submit one form for each vehicle to be
 permitted

Secure Transportation Service Name: _____

Chassis Year: _____ Make: _____ Model: _____

VIN: _____ License Plate No. _____

Type of Permit Sought: Type 1 (Partitioned) Type 2 (Non-Partitioned)

Requirement Met?		Requirement for All Secured Transportation Vehicles
Yes	No	
		Certification of compliance with Federal Motor Vehicle Safety Standards
		Four door body configuration
		Ligature risk reduction measures
		Child safety door locks for passenger compartment
		Window safety interlocks for passenger compartment
		Global Positioning System tracking
		Seat belt for each seating position
		Manufacturer's supplemental inflatable restraints operational
		Child safety seat in appropriate size for client population (if applicable)
		Operational temperature control and ventilation system
		Secure area clear of any item that may be used to inflict harm
		Mirror or video camera to visually observe and monitor client
		First aid kit
		Fire extinguisher
		Wireless two-way communication
		Biohazard bags
		Personal protective equipment for each vehicle occupant
		Fire extinguisher
		Map of service area
		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations
Yes	No	Additional Requirement for Type 1 Secured Transportation Vehicles

		Permanent safety partition between driver and passenger compartments
		Safety partition between passenger compartment and cargo area (if applicable)
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability, and does not pose a ligature risk

Additional Comments:

I hereby certify that I inspected the above-referenced vehicle as indicated, and the foregoing are my findings regarding the qualifications of the vehicle to serve as a secure transportation vehicle.

INSPECTED BY:

Signature

Print Name

Date of Inspection