



## Application for Secure Transportation Service License

1. Name of Secure Transportation Service: \_\_\_\_\_

2. Type of License (check one):

- ☐ Class A (may use restraints)  
☐ Class B (no restraints)

3. Contact Information for the person applying for the license:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

4. Contact Information for the Manager of the Secure Transportation Service:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

Manager's qualifications (list education, knowledge and experience, or attach a resume clearly listing qualifying education, knowledge and experience):

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5. Contact information for owners, partners or directors (attach additional sheets if needed):

☐ Owner                      ☐ Partner                      ☐ Stockholder                      ☐ Director

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

☐ Owner                      ☐ Partner                      ☐ Stockholder                      ☐ Director

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

☐ Owner                      ☐ Partner                      ☐ Stockholder                      ☐ Director

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

☐ Owner                      ☐ Partner                      ☐ Stockholder                      ☐ Director

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

☐ Owner                      ☐ Partner                      ☐ Stockholder                      ☐ Director

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

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

6. Area to be served by the Secure Transportation Service (if described on map, write "See attached map"): \_\_\_\_\_

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7. Location(s) from which it is intended to operate the Secure Transportation Service:

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Submitted by:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attachments Required for All Applications:

- Certificate of occupancy or other documentation that the applicant's premises were found to be in compliance with applicable local requirements.
- Certificates of insurance.
- Copy of written policy and procedures manual, personnel policy, quality management program, operational protocols, medical protocols, training procedures, or other relevant documents as fully described in the Teller County Policy and Procedures regarding Secure Transportation Services.