



Application for Secure Transportation Vehicle Permit

Name of Secure Transportation Service: _____

Type of Permit (check one):

- ☐ Type 1 (Partitioned)
☐ Type 2 (Non-Partitioned)

Contact Information for Secure Transportation Vehicle Owner:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: _____

Make: _____

Model: _____

VIN: _____

Colorado License Plate Number: _____

Date in Service: _____

Color: _____

Other Distinguishing Characteristics: _____

Submitted by:

Signature: _____

Printed Name: _____

Date: _____

Attachments Required for All Applications:

- Proof of motor vehicle insurance.
- Certification of Mechanical Evaluation.
- Vehicle Inspection Report.