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): _____

_____

_____

_____

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"): _____

   _____

   _____

   _____

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

   _____

   _____

   _____

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 Archuleta County Policy and Procedures regarding Secure Transportation Services.