



# Grand County

## Colorado

### **Instructions for Application for Secure Transportation Service License**

1. Enter the name under which the Secure Transportation Service will be licensed.
2. Check the type of license requested for this Secure Transportation Service. Only check one.
3. Complete the information for the person applying for the license.
4. Complete the information for the person who will be in charge of the Secure Transportation Service.
5. Complete the information about owner(s) or governing board for the Secure Transportation Service.
  - Provide the contact information for the owner of the Secure Transportation Service. If the owner of a Secure Transportation Service is a partnership, provide the contact information for each partner. Attach additional sheets if needed.
  - If the owner of a secured transportation service is a corporation, provide the contact information for each director of the corporation and each stockholder owning ten percent (10%) or more the outstanding stock. Attach additional sheets if needed.
  - If the owner of a Secure Transportation Service is a government, provide the contact information for each member of the governing board. Attach additional sheets if needed.
6. Describe the area to be served by the Secure Transportation Service. A map may be substituted if it shows sufficient detail to clearly identify the service area boundaries.
7. List the location(s) of the Secure Transportation Service headquarters, substation(s), office(s), secure transportation post(s) or other locations from which it is intended to operate the Secure Transportation Service.

#### **Attachments required for all applications:**

- A secure transportation vehicle permit application, including the certificates of mechanical inspection and secure transportation equipment inspection, for each secure transportation vehicle to be used in the county.
- Certificates of insurance.
- Payment of Secure Transportation Service license fee and vehicle inspection fee.



# Grand County

Colorado

## 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"): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

- A secure transportation vehicle permit application, including the certificates of mechanical inspection and secure transportation equipment inspection, for each secure transportation vehicle to be used in the county.
- Certificates of insurance.
- Payment of Secure Transportation Service license fee and vehicle inspection fee.