



## **Behavioral Health Secure Transportation Application** **Attestation Form**

I (we), \_\_\_\_\_ (Applicant), verify that I meet all the requirements for Behavioral Health Secure Transportation permitting and licensing including but not limited to:

I (we),

- Have fully read and understand, and as may be amended, the rules and regulations adopted by the state board of health for implementation of Behavioral Health Secure Transportation including [6 CCR 1011-4](#).
- Have fully read and understand, and as may be amended, the [Larimer County Policies and Procedures for Secure Transportation](#) as adopted by the Larimer County Board of County Commissioners
- Attest that my application meets the requirements for the inspection, licensure and operation of secure transportation services, secure transportation personnel, and secure transportation vehicles and equipment operating in Larimer County.
- Meet the general requirements for licensure.
- Meet the staffing requirements.
- Have an ongoing Quality Management Program (QMP) in place and have submitted it along with my application.
- Meet the secure transportation requirements for permit and license
- Have provided all required documentation for secure transportation service licenses and attest to compliance with the minimum qualifications
- Have provided the required Secure Transportation Service license/renewal fee to Larimer County
- Understand the licensure period for secure transportation services is three (3) years and secure transportation permit duration is one (1) year
- Understand that an application for renewal is required to be submitted to Larimer County no less than thirty (30) days before the date of license and/or permit expiration.
- Understand the Complaint and Investigation Process
- Understand the Procedures for Revocation or Suspension
- Understand and attest to comply with the Data Collection and Reporting Requirements which take effect 3/1/24 and every year thereafter by submitting the required data (defined in [6 CCR 1011-4](#)) in the form and manner determined by the department
- Understand and attest to comply with the Clinical, Medical and Operating Standards and Procedures
- Understand and attest to comply with the Client Rights.

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Applicant signature certifying above information

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Date