

Instructions for Huerfano County Secure Transportation Service License Application



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 individual submitting the application for the license.
4. Complete the information for the Administrator of the Secure Transportation Service.
5. Complete the information for the Manager of the Secure Transportation Service, only if the Administrator is not also the Manager.
6. Complete the information about the owner of the Secure Transportation Service and provide contact information.
 - If the owner of a Secure Transportation Service is a partnership, provide the contact information for each partner.
 - 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 of the outstanding stock.
 - If the owner of a Secure Transportation Service is a government, provide the contact information for each member of the governing board.
7. 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.
8. List the location(s) of the Secure Transportation Service headquarters, substation(s), office(s), secure transportation post(s) or other locations from which the Secure Transportation Service will operate.

A completed application includes the \$300 application fee and the following documents.

1. A copy of the secure transportation service's written policy and procedures manual, including its policy regarding staff member background checks.
2. A copy of the secure transportation service's operational and medical protocols, which must comply with Part 8 of the State Standards.
3. A copy of the secure transportation service's training procedures, which must comply with Part 7.7 of the State Standards, and proof of completion of the required orientation and training by relevant staff.
4. Attestation that the Manager and the Administrator, who may be the same person, meet the requirements of Part 7.1 of the State Standards. **[Optional form provided]**
5. A copy of the secure transportation service's written client rights and related policies and procedures, which must comply with Part 9 of the State Standards.
6. A copy of the secure transportation service's quality management plan, which must comply with Part 10 of the State Standards.
7. Documentation of minimum vehicle insurance coverage as defined by § 10-4-609 and 42-7-103(2), C.R.S. with Huerfano County identified as the certificate holder.
8. Documentation of a minimum level of worker's compensation consistent with the Colorado Worker's Compensation Act in Articles 40-47 of Title 8, C.R.S., as applicable.

Secure Transportation Service License Attestation of Manger and Administrator Minimum Qualifications



I, the undersigned, hereby affirm that:

1. I am employed by the Secure Transportation Service listed below as:

Manager Administrator Both Administrator and Manager

2. I have read and am familiar with the Huerfano County Secure Transportation Licensing Regulations

3. I have read and am familiar with the Colorado State Standards for Secure Transportation found at 6 CCR 1011-4

4. I meet the minimum requirements as detailed in Part 7.1 of the State Standards, including that:

a. I am at least 21 years of age

b. I possess a high school diploma or GED

c. I have either:

i. at least one (1) year documented supervisory experience in the provision of secure transportation services, or

ii. been qualified by education, knowledge, and experience to oversee the secure transportation services provided

d. I am able to communicate, understand, and respond effectively to the client, family representatives, and other providers and be able to use appropriate translator services as needed

e. I am familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of secure transportation services

f. I am in good standing with any state regulatory agency, including the Department of Regulatory Agencies and Department of Public Health and Environment, for which I hold a license or certification

g. I have passed a background check that was performed by the secure transportation service or owner prior to the assumption of responsibilities in accordance with Part 7.6(C) and that I have not conducted my own background check.

5. The Secure Transportation Service is compliant with all applicable laws and regulations required to operate a secure transportation service in Colorado

6. I am aware that changes regarding the manager or administrator must be filed with the County within 14 business days.

Secure Transportation Service:

D.G. Private Investigations & Security Consultants

Signature:

Printed Name:

Daniel Lee Corsentino

Date:

04/10/2024

Secure Transportation Service License Application



- 1. Name of Secure Transportation Service: D.C. Private Investigations & Security Consultants LLC
- 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: DANIEL LEE CORSENTINO
Address: 1045 WEST 6TH STREET
City/State/Zip: PUEBLO, CO, 81003
Telephone: 719-696-9516 (business)
719-696-5703 (mobile)
Email Address: DAN@DANCORSENTINO.COM

4. Contact Information for the Administrator of the Secure Transportation Service:
Name: JOSHUA BENABIDES
Mailing Address: 1045 WEST 6TH STREET
City/State/Zip: PUEBLO, CO, 81003
Telephone: 719-696-9516 (business)
719-334-3434 (mobile)
Email Address: JOSH.BENABIDES@DANCORSENTINO.COM

5. Contact Information for the Manager of the Secure Transportation Service (if different from above):
Name: DAMON HYLTON
Mailing Address: 1045 WEST 6TH STREET
City/State/Zip: PUEBLO, CO, 81003
Telephone: 719-696-9516 (business)
719-557-9387 (mobile)
Email Address: DAMON.HYLTON@DANCORSENTINO.COM

6. Information for Legal Entity and Beneficial Owners

Name of Legal Entity: D.C. PRIVATE INVESTIGATIONS AND SECURITY CONSULTANTS, LLC.

Type of Legal Entity (check one):

Partnership Corporation Government

On a separate sheet provide the contact information for the owners of the Secure Transportation Service

- If the owner of a Secure Transportation Service is a partnership, provide the contact information for each partner.
- 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 of the outstanding stock.
- If the owner of a Secure Transportation Service is a government, provide the contact information for each member of the governing board.

Contact Information to be provided:

- Name
- Title
- Address
- Telephone
- Email Address

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

SPANISH PEAKS REGIONAL HEALTH

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

D.C. PRIVATE INVESTIGATIONS AND SECURITY CONSULTANTS, LLC.
1045 WEST 6TH STREET
PUEBLO, CO 81003

Instructions for Huerfano County Secure Transportation Vehicle Permit



1. Enter the name under which the secure transportation service will be licensed.
2. Check the type of permit requested for this vehicle. Only check one.
3. Complete the contact information for the person applying for the permit.
4. Complete the information for the secure transportation vehicle.
 - VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.
 - Briefly describe the secure transportation vehicle color scheme and any other significant characteristics.
 - i. Color scheme examples: black, white over silver with blue beltline stripe, red with gold lettering.
 - ii. Distinguishing characteristics examples: yellow sunburst logo, green and blue logo showing mountain lake scene.
5. Attach required documentation:
 - Proof of motor vehicle insurance
 - Vehicle registration
 - Photo of vehicle
6. Have vehicle inspected by qualified mechanic. Have mechanic complete the Certificate of Motor Vehicle Condition.
7. Fill out the top portion of the Vehicle Inspection Report. The County will complete everything below the double line.

Each vehicle requires its own application packet and will be issued its own permit. The \$100 application fee is per vehicle and due when the application packet is submitted. A completed application packet includes 3 forms:

1. Vehicle Permit Application
2. Certificate of Motor Vehicle Condition
3. Vehicle Inspection Report

Secure Transportation Vehicle Permit Application



1. Name of Secure Transportation Service: D.C. PRIVATE INVESTIGATIONS AND SECURITY CONSULTANTS, LLC.
2. Type of Permit (check one): Type 1 (partitioned) Type 2 (non-partitioned)
3. Contact Information for the person applying for the permit:

Name: DANIEL CORSENTINO

Telephone: 719-696-9516 (business) 719-696-5703 (mobile)

Email Address: DAN@DANCORSENTINO.COM

4. Secure Transportation Vehicle Information:

Chassis year: 2024

Make: KIA

Model: SPORTAGE X-LINE

VIN: KNDPUCDF9R7241174

License Plate Number: _____

Date in Service: 03/01/2024

Color and Characteristics: WHITE WITH D.C. PRIVATE INVESTIGATIONS & SECURITY CONSULTANTS LLC EMBLEM

Required Attachments:

- Proof of motor vehicle insurance Vehicle Registration Photo of Vehicle

The undersigned acknowledges the following

1. That the Permit granted pursuant to this application is not transferrable, and in the event that the vehicle is sold or transferred, the permit will not transfer.
2. Application fee of \$100 or letter requesting fee waiver must be submitted with this application. Fee waivers are granted at the discretion of the Board of County Commissioners.

The undersigned hereby affirms the following:

1. That the Secure Transportation Service is compliant with all applicable laws and regulations required to operate a secure transportation service in Colorado.
2. That the application they are about to submit is complete and that the attachments required above are submitted with this application.
3. That they have the authority to act on behalf of the Secure Transportation Service provider and all information in this application and accompanying documentation is true and accurate to the best of their knowledge.

Applicant Signature: 

Printed Name: DANIEL LEE CORSENTINO Date: 02/09/2024

Required Attachments:

- A copy of the secure transportation service's written policy and procedures manual, including its policy regarding staff member background checks.
- A copy of the secure transportation service's operational and medical protocols, which must comply with Part 8 of the State Standards.
- A copy of the secure transportation service's training procedures, which must comply with Part 7.7 of the State Standards, and proof of completion of the required orientation and training by relevant staff.
- Attestation that the Manager and the Administrator, who may be the same person, meet the requirements of Part 7.1 of the State Standards.
- A copy of the secure transportation service's written client rights and related policies and procedures, which must comply with Part 9 of the State Standards.
- A copy of the secure transportation service's quality management plan, which must comply with Part 10 of the State Standards.
- Documentation of minimum vehicle insurance coverage as defined by § 10-4-609 and 42-7-103(2), C.R.S. with Huerfano County identified as the certificate holder.
- Documentation of a minimum level of worker's compensation consistent with the Colorado Worker's Compensation Act in Articles 40-47 of Title 8, C.R.S., as applicable

The undersigned hereby acknowledges the following:

1. That the License granted pursuant to this application is not transferrable, and in the event the Secure Transportation Service is sold or transferred, the new owner will be required to obtain licensing and permits prior to beginning operations.
2. Changes regarding the manager or administrator must be filed with the County within 14 business days.
3. Application fee of \$300 or letter requesting fee waiver must be submitted with this application. Fee waivers are granted at the discretion of the Board of County Commissioners.

The undersigned hereby affirms the following:

1. That the Secure Transportation Service is compliant with all applicable laws and regulations required to operate a secure transportation service in Colorado.
2. That the application they are about to submit is complete and that the attachments required above are submitted with this application.
3. That they have the authority to act on behalf of the Secure Transportation Service provider and all information in this application and accompanying documentation is true and accurate to the best of their knowledge.

Applicant Signature: _____

Printed Name: _____

DANIEL LEE CORSENTINO

Date: _____

04/10/2024

Huerfano County Internal Use Only

Application Received by: _____

Date Received: _____

Attach Proof of Payment or Fee Waiver Request Letter

Secure Transportation Vehicle Permit Certificate of Motor Vehicle Condition



Name of Secure Transportation Service: D.C. PRIVATE INVESTIGATIONS AND SECURITY CONSULTANTS, LLC.

Year / Make / Model: 2024 KIA SPORTAGE X-LINE

VIN: KNDUCDF9R7241174 Mileage: 321

License Plate Number: TEMP

MECHANICAL EVALUATION CHECK LIST

System	Acceptable	Not Acceptable	Comments
Wheels, tires and brake systems	BPF		
Steering, alignment and suspension system	BPF		
Climate control and ventilation systems	BPF		
Lighting and electrical system	BPF		
Exhaust system	BPF		
Fuel system	BPF		
Glass, body, and sheet metal	BPF		

As a qualified motor vehicle mechanic, I affirm the following:

1. I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.
2. Based on documentation or other information provided, the vehicle has undergone routine vehicle maintenance and periodic checks in accordance with manufacturer recommendations.

Company Shop or Agency Name: Spradley Kia

Address: 2145 Hwy 50 Pueblo Co 81008

Mechanic Signature: B. Floyd

Printed Name: Brian Floyd Date: 02/27/24

Secure Transportation Vehicle Permit Vehicle Inspection Report



Name of Secure Transportation Service: D.C. PRIVATE INVESTIGATIONS AND SECURITY CONSULTANTS, LLC.
 Type of Permit (check one): Type 1 (partitioned) Type 2 (non-partitioned)
 Type of License (check one): Class A (may use restraints) Class B (no restraints)

Huerfano County Internal Use Only
 Attach Proof of Payment or Fee Waiver Request Letter

Application Received by: Carl Young Date Received: 6/6/2021

Information below to be completed by County Inspector

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
X		Certification of compliance with Federal Motor Vehicle Safety Standards
X		Four door body configuration
X		Ligature risk reduction measures
X		Child safety door locks for passenger compartment
X		Window safety interlocks for passenger compartment
X		Global Positioning System tracking
X		Seat belt for each seating position
X		Manufacturer's supplemental inflatable restraints operational
	X	Child safety seat in appropriate sizes for client population (if applicable)
X		Operational temperature control and ventilation system
X		Secure area clear of any item that may be used to inflict harm
X		Mirror or video camera to visually observe and monitor client
X		First aid kit
X		Fire extinguisher
X		Wireless two-way communication
X		Biohazard bags
X		Personal protective equipment for each vehicle occupant
X		Map of service area
X		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
	7	Permanent safety partition between driver and passenger compartments
	7	Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
	7	Automated external defibrillator
	7	Soft restraints
	7	Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments:

~~NOT~~ NOT TRANSPORTING ANY VIOLENT PEOPLE,

Inspector Certification

By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature:

(Signature)

 DAVEN McCASLIN

Printed Name:

Date Inspected:

6-6-24

Dale Spradley Motors, Inc.

2145 Highway 50 West
 Pueblo, CO 81008
 719-543-6710
 Fax: (719) 586-0358

SERVICE DEPARTMENT HOURS
 7:00 a.m. to 6:00 p.m.
 Monday - Friday
 7:30 a.m. to 4:00 p.m. Saturday

R/O Open Date	R/O Number
02/27/24	4085425/1
R/O Close Date	Status
02/27/24	Pre-Invoice
Mileage In	Mileage Out
321	321
Service Advisor / Tag #	
DYLAN LEBLANC/435	

DC INVESTIGATIONS & SECURITY, 5018 ALMONDCREST PUEBLO, CO 81005			Work Phone	Vehicle Identification Number	
			Home Phone	Delivery Date	In-Service Date
			719-671-5703	02/22/24	02/22/24
Year	Make	Model	Body	Color	License Number
2024	KIA	SPORTAGE	UP LX AWD	WHITE PEAR	
K24228					

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Cell: 719-671-5703 Email: DAN@DANCORSENTINO.COM	
#1 - Customer Reports: customer states secure transportation cert please check and advise	

#2 - KES1: KIA EXPRESS MULTI POINT INSPECTION	

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. *I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.*

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	.00
PARTS	.00
DEDUCTIBLE	.00
SUBLET	.00
SHOP SUPPLIES	.00
HAZARDOUS MATERIALS	.00
SALES TAX OR TAX I.D.	XXXXXXX7543 .00
SPECIAL ORDER DEPOSIT	.00
DISCOUNTS	.00
TOTAL DUE	.00

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X