



**PROWERS COUNTY
SECURE TRANSPORTATION SERVICES
Vehicle Permit Application**

1. Name of Secure Transportation Service:

2. Type of permit (check one): Type 1 (partitioned) Type 2 (non-partitioned)

3. Contact information for secure transportation vehicle owner:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

4. 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: _____

5. Secure transportation vehicle information:

Chassis year:

Make:

Model:

VIN: License plate:

Date in service (month/year):

Color:

Other distinguishing characteristics:

Submitted by:

Signature: _____

Printed Name: _____

Date: _____

Attachments Required for All Applications:

- Proof of motor vehicle insurance.
- Certification of Motor Vehicle Mechanical Evaluation.
- Vehicle Inspection Report.
- Appropriate fees according to the fee schedule.