

SECURE TRANSPORTATION SERVICE LICENSE

This is to certify that ____American Medical Response__ dba American Medical Response___, of the State of Colorado, having applied for a Class _A & B____Secure Transportation Service License, and having paid to the County Treasurer the appropriate fees thereof, the above applicant is hereby licensed to provide Class __A & B___ secure transportation services to individuals experiencing a behavioral health crisis.

This license is not transferable and must be prominently displayed in the office of the applicant.

This license is valid in the County of Fremont for a period beginning on the _____ day of ______ and ending on the _____ day of ______ [3 years] unless this license is revoked sooner as provided by law. This license is issued subject to the laws of the State of Colorado and especially under the provisions of C.R.S. § 25-3.5-310, as amended.

In testimony whereof, the Board of County Commissioners has hereunto subscribed its name by its officer duly authorized _____ day of _____, 2023.

ATTEST:

THE BOARD OF COUNTY COMMISSIONERS

County Clerk & Recorder

Chairman

License Number: _____AMR-ST-2023-L1_____ License Fee: \$__225.00____