Motor Coach Services Pre-Approval Application Form

Your motor coach company is invited to seek approval for use by Richland County School District One. Only companies on the Pre-Approved Motor Coach List can be used to transport students. Please complete this form and submit it, along with the requested attachment, to procurement@richlandone.org.

Failure to complete the form in its entirety or failure to submit all required attachments and documentation will be reason to reject the pre-approval application.

Motor Coach Company:

Contact Person:

Street:

City, state, zip:

Phone Number:

Fax Number:

E-mail:

Emergency Contact:

Name:

All-hours phone number:

A. **Address each of the following requests for information in the space provided here. Please type or print clearly.** (If more space is necessary, additional pages may be attached. Please reference your responses as "Section A and use the appropriate item numbers on any added pages.

1. Summarize your company's maintenance program, your maintenance personnel qualifications requirements, and your vehicle inspection program.

2. List the state or national professional associations or emergency aid organization in which your company maintains membership:
   Name:
   Name:
   Name:
   Name:

3. **(A)Summarize your company's policy on emergencies and maintenance** breakdowns. Attach a copy of the actual policy statement. (B)Describe in summary any recent (within two years) breakdowns on trips.

4. Explain your company's policies on drivers' hours of service if they are other than those required in FMCSA's part 395.

5. Specify by description type (seating capacity, special features, etc.) the number of motor coach vehicles your company has available for contracting. If additional space is needed, attach additional pages.

Vehicle Type	**Number Available**	**Seating capacity**	**Special Features**

6. Indicate the method of payment your company requires:
   ☐full payment 7 calendar days before service OR☐ full payment due within 30 calendar days after services.

   What is the motor coach company's fee for transportation services and how is it computed? Note any vehicle type/ size or seasonal impact on an additional page.
   ☐daily rate per bus: $ or ☐Mileage fee: $

B. Submit the following documents with this application form:

1. A certificate of Insurance in the amount of 5 million (minimum) on which the school system is named as an additional insured or, if your company is an intrastate carrier, a Certificate of Insurance verifying a lesser amount;

2. Form MCS-90B, "Endorsements for Motor Carrier of Passengers policies of insurance for public liability under Sections 18 of the Bus Regulatory Reform Act of 1982";

3. Evidence of a USDOT identification number (MSC-150, FMCSA letter, etc.);

4. A policy statement on overbooking and subcontracting, including the list of common companies that are used as subcontractors (NOTE: any company that is used as a subcontractor must also be on Richland County School District One's approved list Motor Carriers.

5. A dated copy of your last compliance review, if applicable.

6. A copy of your company's accident register.

7. A copy of your Operating Authority Certificate; if applicable

C. Federal Motor Carrier Safety Regulations

By affixing my initials to each of the following Federal motor Carrier Safety Administration Regulations listed below, I certify that my company meets all safety requirements of the Federal Motor Carrier Administration:

Part 387, Minimum Levels of Financial Responsibility for Motor Carriers

Part 390, Federal Motor Carrier Safety Regulations; General
Part 391, Qualifications of Drivers
Part 392, Driving of Commercial Motor Vehicles
Part 393, Parts and Accessories Necessary for Safe Operation
Part 395, Hours of Service of Drivers
Part 396, Inspection, Repair, and Maintenance
Part 397, Transportation of Hazardous Materials; Driving and Parking Rules

D. Drug and Alcohol Policy in Compliance with Part 382

1. How many drivers does your company employ (part-time and full-time)?

2. How many drug tests did your company administer during the last calendar year?

3. How many alcohol tests did your company administer during the last calendar year?

4. Is your company a member of a motor coach transport drug testing consortium?

Certification

As the authorized representative of my company, I hereby certify that all information contained in this document and all required documents attached to this document are factual and correct.

Name of Authorized Representative: _____
(Signature)
Printed Name: _____
Title: _____
(Please print or type)
Name of Firm: _____
Physical Address: _____
Date: _____