



## Colorado Non-Medical Transportation Provider Intake Checklist

Providers must complete this form and provide listed documentation for all Non-Medical Transportation (NMT) drivers in their agency.

Agency Information	
Agency Name:	
Contact Name:	
Address:	
Phone:	Email:
Is this a new application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Updating an existing Certificate of Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Compliance Number: <i>(if issued)</i>	

Auto Liability Insurance Information
Must reflect minimum limits required per 10 CCR 2505-10 8.494.42 and 10 CCR 2505-10 8.611 (C) (2)
<b>List as Certificate Holder:</b> Department of Health Care Policy and Financing 1570 Grant St. Denver, CO 80203
<input type="checkbox"/> Certificate of Insurance – prepared by insurance agent/broker
Number of documents attached for this section:

Driver Information
For all qualified drivers meeting requirements stated in 10 CCR 2505-10 8.494.43 and 10 CCR 2505-10 8.611 (C) (3)
<input type="checkbox"/> Copy of Colorado Driver’s License <input type="checkbox"/> Motor Vehicle Report <input type="checkbox"/> Colorado or National-based criminal history record check
Number of documents attached for this section:

Vehicle Information
Inspections required for vehicles commensurate with age per 10 CCR 2505-10 8.494.45 and 10 CCR 2505-10 8.611 (C) (5)
<input type="checkbox"/> Vehicle safety inspection form(s)
Number of documents attached for this section:

Email completed form and all documentation to [us.comtenrollment@transdev.com](mailto:us.comtenrollment@transdev.com)

Visit [hcpf.colorado.gov/nmt](http://hcpf.colorado.gov/nmt) for more information