

PAULDING COUNTY SCHOOL DISTRICT
CHARTER BUS COMPANY APPLICATION PACKET

**PAULDING COUNTY SCHOOL DISTRICT
CHARTER BUS COMPANY APPLICATION**
COMPANY INFORMATION

Company Name: _____

List any other DBA or affiliate names: _____

Date of Official Certification: _____ How long in business: _____

US DOT Identification Number: _____ MC number: _____

Address: _____

Web Address: _____ Telephone Number: _____

FAX #: _____

Contact Person: _____ E-mail Address: _____

Safety Compliance Officer: _____

Location(s) where units are based if different from above: _____

Is your company or an affiliate currently under investigation by a state or federal agency? Y/N _____

During the past 24 months, has your company or affiliate received any letters or any other communications from any state or federal agency concerning non-compliance with state or federal laws? Y/N _____
This includes, but is not limited to: DOT, DOL, IRS, or any other state or federal agency. If yes, provide written letter of explanation.

Has your company or affiliate filed bankruptcy during the past five years? Y/N _____

Are your buses inspected annually? Y/N _____ By whom? _____

Do you subcontract for equipment and drivers? Y/N _____ If so, what is the name of the bus company and its U.S. DOT number? _____

What company procedures exist for roadside emergencies and breakdowns? _____

What professional charter bus organizations is your company a member of? _____

How does your company handle driver issues in which more than ten hours of driving is required?

Does your company require any waivers? If so, please explain:

QUALIFICATION OF DRIVERS

Do all of your drivers hold a current Commercial Driver's License with a passenger endorsement?
Y/N _____

Do all of your drivers hold a valid medical certificate? Y/N _____

Does your company have a driver drug/alcohol testing program that complies with DOT regulations?
Y/N _____

Has your company or an affiliate ever been cited for noncompliance? Y/N _____
If Yes, attach letter of explanation.

RATES

Basic Rate:

Hourly rate: _____ Daily Rate: _____ Mileage Rate: _____

Specify any charges above and beyond basic rate: _____

Out of State: _____ Overnight: _____

Note: A vendor may only subcontract with a vendor on the Paulding County School District Approved List of Charter Bus Companies.

The attached Charter Bus Company Application Guidelines document specifies the additional documents required. The Cancellation Policy Agreement and a notarized Verification Statement is also required and must be submitted for consideration of approval. Proof of a minimum of \$5 million in liability insurance per occurrence must also be submitted. It is the responsibility of the Charter Bus Company to provide a current and updated Certificate of Liability Insurance to the Paulding County School District's Safety Office. If we do not have a copy of the current Certificate of Liability Insurance on file, the Charter Bus Company will be removed from the approved list of carriers.

The undersigned is a representative of _____, (Name of Company), which is applying for approved status as a charter bus company for the Paulding County School District. I understand that selection of an approved vendor is at the school administrator's discretion, and that approved status does not guarantee assignments. I understand that a charter bus company can be deleted from the Approved List at any time, at the discretion of the Paulding County School District, and that prior to approval, an on-site inspection/assessment may be conducted by the Paulding County School District to verify information provided with the application.

Signature of Company Official

Title

Date

Witnessed by:

Signature of Company Witness

Title

Date

Number of buses available by type: School Buses _____ Luxury Coaches _____

Lift Buses _____ Other (description and count): _____

Describe your accommodations for the disabled:

Electric Lifts:

Seat Belts:

Lock-down for wheelchairs:

Will you transport oxygen or special apparatus?

Other accommodations?

List Optional Equipment on units (bathrooms, TV/VCR/DVD, etc.)

To apply for approval status as a Charter Bus Company for the Paulding County School District, return the completed questionnaire with required documentation to the Office of the Safety Director, 3236 Atlanta Highway, Dallas, Georgia 30132. The Office of the Safety Director can be contacted by phone at 770-443-8000.

Paulding County School District – Charter Bus Use Cancellation Policy

Should a principal or the Superintendent of Schools mandate that a trip be cancelled due to inclement weather or national emergency/crisis, or for any other cancellation by order of the Paulding County Superintendent of Schools, the trip may be rescheduled, or a full refund will be made to the school, at the discretion of the principal or Superintendent of Schools. In the event of a reschedule, neither the school nor the school district will incur additional charges or fees. The School District will endeavor to notify the Charter Bus Company of trip cancellation at least eight hours prior to the scheduled departure date and time. It is understood by the School District that cancellation of a field trip within the eight-hour window may incur those charges imposed for such things as dispatched buses, drivers, prepared meals, fuel, etc.

Please indicate your agreement by signing below.

_____ (Name of Charter Bus Company) hereby agrees to comply with the terms and conditions of the above Cancellation Policy. The above language will be incorporated into any and all contracts or service agreements executed with the Paulding County School District.

Signature of Company President / CEO

Date

Witness

Date

VERIFICATION STATEMENT

Personally appeared before the undersigned officer, duly authorized to administer oaths,

_____, who is _____ for
Name of Individual Title

_____ Charter Bus Company, who after being duly sworn,
Name of Company

deposes and says that the answers and responses contained in the Paulding County

School District Charter Bus Company Application are true and correct to the best of his/
her knowledge and belief.

Name of Charter Bus Company

Name of Executive Officer

Title of Executive Officer

Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____