



# Haywood County Schools

1230 North Main Street  
Waynesville, NC 28786  
828 456 2400

Anne G. Garrett, Ed., D.  
Superintendent

## Application to Provide Charter Bus Service

### Pre-Qualification Checklist

A motor carrier seeking to be approved for use by the Haywood County Schools is requested to answer the following questions and submit the following documentation.

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Emergency Contact(s): \_\_\_\_\_  
Emergency Phone(s): \_\_\_\_\_  
DOT Number: \_\_\_\_\_

Have you been approved through TSX? \_\_\_\_\_ On DOD Charter List? \_\_\_\_\_  
(Haywood County Schools will only charter with companies that can answer YES to one or both of the above questions.)

### ***The following documents must be submitted with application***

1. Certificate of Insurance in the amount of \$5 million (minimum) on which the school system is named as an additional insured.
2. Motor Carrier Policies of Insurance for Public Liability - MCS-90B
3. Evidence of a USDOT # (MCS-150, FMCSA Letter, etc)
4. Policy or statement on overbooking and subcontracting, including the list of companies that are used as subcontractors. NOTE: Any company that is used as a subcontractor MUST also be on this school system's approved list.
5. Date of last compliance review (Safety Rating) and copy of the review, if available.  
Or, include Department of Defense (DOD) Certification if applicable.
6. Statement on how often and on what schedule drivers license or motor vehicle records (MVR) checks are performed on all drivers.
7. List of Vehicles, including description, company vehicle unit #, VIN #, license tag number with date of last annual inspection.

8. List of all current drivers, including the date of each driver's last medical certification and the CDL expiration date.

9. A copy of the company's drug and alcohol testing policy.

By each signature, I certify that \_\_\_\_\_ (company name) meets all regulations required in the Federal Motor Carrier Safety Regulations.

FMCSR Authorized Signature

- Part 382 (controlled substance and alcohol testing) \_\_\_\_\_
- Part 387 (financial responsibility) \_\_\_\_\_
- Part 390 (general applicability and definitions) \_\_\_\_\_
- Part 391 (driver qualifications) \_\_\_\_\_
- Part 392 (driving rules) \_\_\_\_\_
- Part 393 (parts and accessories) \_\_\_\_\_
- Part 395 (hours of service) \_\_\_\_\_
- Part 396 (inspection, repair and maintenance) \_\_\_\_\_
- Part 397 (general hazardous materials rules) \_\_\_\_\_

Information for Drug and Alcohol Policy

How many driving positions do you have as per Part 382? \_\_\_\_\_

How many drug tests were administered during last calendar year? \_\_\_\_\_

How many alcohol tests were administered during last calendar year? \_\_\_\_\_

I hereby certify that all information contained in this document and all required documents attached to this document are factual and correct.

Authorized company representative

Name (print or type): \_\_\_\_\_

Title (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_