

Company Name

Applicant seeks to:

☐ Add HHS Certification to an Existing Certificate

Existing Authority #

☐ Add HHS Certification to a Pending Application

Application #, if Applicable

Areas served same as current or pending authority? ☐ Yes ☐ No

If no, areas (cities and/or counties) to be served with HHS carriage:

Basis for need for additional providers in the community/communities to be served:

By signing below, I acknowledge that I have authority to submit this application on behalf of the company or organization listed above. I understand that I may be subject to a background check pursuant to the transportation regulations for the PSC related to my application.

I further understand that HHS has its own rules for evaluating drivers and conducting background checks. I must be in compliance with those expectations pursuant to my contract with HHS. Should any questions arise regarding the requirements of the Department of Health and Human Services, I must contact DHHS directly.

Signature

[Click here to sign electronically](#)