# **FY22 MART Human Service Transportation (HST)**

# **Provider Application**

This application is for any transportation provider who seeks to subcontract with the Montachusett Regional Transit Authority (MART) to provide trips for consumers/clients of one or more state HST programs (MassHealth, Division of Developmental Services, DPH – Early Intervention, Department of Mental Health., etc.).

Transportation Providers (also referred to as Provider or Applicant) are required to have a minimum of one (1) year experience owning and operating a passenger transportation business, plus references.

If an application is not properly and fully prepared, the applicant has ninety (90) days to rectify from the initial date of notification by MART that the submission needs correction. If the ninety (90) days is exceeded the applicant will be required to submit a new application. If any information on the application is determined to be untrue or incomplete, MART reserves the right to reject or deny an application.

***Type into this fillable document or print entries on a hard copy.* *Signatures/dates must be original. Use Blue ink. Send Application to: MART, 100 Main St., Fitchburg, MA 01420 Attn: Contracts***

****SECTION I. ORGANIZaTIONAL INFORMATION****

## Provider Information

## 

Provider Legal Business Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any “Doing Business As” (DBA) names:

Tax ID #:     \_\_\_\_\_\_\_\_\_\_

MassHealth provider #, if applicable:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ambulance companies only*:

National Provider Identifier (NPI):       \_ Taxonomy Code:     \_\_\_\_\_\_\_

Identify the types of transportation you provide (Check all that apply):

Wheelchair van (Chair Car) Ambulance Ambulatory (taxi, livery, van, sedan)

If you have provided transportation for one or more HST Brokers within the last 5 years, list which ones:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the area(s) of the State you wish to serve:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 - LEGAL STATUS/CLASSIFICATION OF ORGANIZATION:

Identify your legal entity type below:

1. Individual/Sole Proprietor or Single Member LLC
2. C Corporation
3. S Corporation
4. Partnership
5. Trust/Estate
6. Limited Liability Company (LLC) If LLC, Enter the tax classification (C = corporation, S = S-Corporation, P = Partnership)
7. Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2a – LEGALLY CLASIFIED AS:  Profit  Non-profit

1.2b – State where business was established:

1.2c – Date Established:     \_\_\_\_\_\_\_\_\_

1.3 SUPPLIER DIVERSITY OFFICE (SDO) STATUS

Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)?

YES  NO

If yes, attach a copy of your OSD/SDO Certification Letter.

1.4 HISTORY OF OWNERSHIP

Current Majority Owner’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of Ownership:      %

Date(s) of ownership:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If this business has multiple current owners:*

Name of second current owner:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of ownership:     %

Name of third current owner:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of ownership:     %

Has this business had other owners in the past 10 years?

Yes. Provide the information requested below.  No

Previous owner’s name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Owner’s Tax ID #     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous MassHealth provider name, if applicable      \_\_\_\_\_\_

MassHealth provider #, if applicable     \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of ownership (from/through):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1.5 Related Ownership

Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART?  Yes  No

If **yes**, provide details (name of business, date dissolved, if applicable, and the State in which business operates/operated):

SECTION 2. ADDRESS INFORMATION

## 2.1 Legal BUSINESS Address

Street address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:      State:      Zip:

Contact person:       Office phone #:

E-mail address:       Office fax #:

## 2.2 Physical Address (Service Site)

Complete this section for each service site. A service site is a place where you dispatch transportation vehicles*. (Attach additional pages, if necessary)*

Location #1 – Is this location a

Garage or Central Dispatch Office?  Branch site?  Office?

Street address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:      State:      Zip:

Contact person:      Office phone #:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:      Office fax #:

Does this site provide 24-hour coverage?

Yes No

## 2.3 Languages

Identify languages other than English that are spoken by your dispatchers and drivers:

SECTION 3. PROVIDER INFORMATION

## 3.1 Licensure/Certification Information

Are you licensed or certified by any state or local regulatory agency relative to provision of transportation?

Yes (Complete information below)  No

|  |  |  |  |
| --- | --- | --- | --- |
| Lic. /Cert. type | Lic. /Cert. # | State | Effective from: to: |
|  |  |  | to |
|  |  |  | to |
|  |  |  | to |

## 3.2 Former MassHealth Provider Numbers *(if applicable)*

List former MassHealth provider numbers/names (if any):

Provider #      Provider Name:

Provider #      Provider Name:

Provider #      Provider Name:

## 3.3. Other Contracting Agreements

Do you contract with any of the following organizations?

Nursing facilities

Day habilitation programs

Adult day health programs

School systems/Head Start

Other (e.g., hospitals or other state agency programs), specify

SECTION 4. QUESTIONS

**If you answer YES to any of the questions below, explain in item 4.4 on page 7**

## 4.1 Questions about Licensure and Driving Privileges

1. Have any disciplinary actions been threatened or initiated, or are any pending against the business or any of its drivers by a state licensure board or agency? Yes No
2. Has the license of any driver for your business, in any state, ever been denied, limited, suspended, revoked, diminished, not renewed, or relinquished (voluntarily or involuntarily), within the last 5 years or are any proceedings pending that may result in such action? Yes No
3. Have any formal complaints been filed against the business with any state licensing board? Yes No

## 4.2 Questions about Insurance COVERAGE and Claims

1. Has the business’s auto liability insurance coverage ever been terminated by action of an insurance company? Yes No
2. Has the business’s workers’ compensation insurance coverage ever been terminated by action of an insurance company? Yes No
3. Have there been any legal proceedings or claims against the business, alleging negligence or failure to observe transportation or motor vehicle rules that are open, pending, or closed within the past 10 years? Yes No

## 4.3 Miscellaneous Questions

1. Have any of the business’s drivers ever been convicted of a speeding or traffic violation or other motor vehicle offense? Yes No
2. Have any driver or monitor’s annual Criminal Offender Record Information (CORI) check produced results that could disqualify their hiring under 101 CMR 15.00? Yes No

## 4.4 Explanation for any **yes** answers (*from prior page*)

*(Attach additional sheets if necessary)*

SECTION 5. REQUIRED PAGES & ATTACHMENTS

**All the following documentS must be included in signed application:**

Application pages required for completion:

* Certification of Insurability
* Non-Collusion Affidavit
* Certification of Good Standing from MA Department of Revenue
* Certification of Good Standing/Legal Existence from MA Secretary of the Commonwealth (SOC) or Municipal Business Certificate
* Signature Verification
* Business Certification
* Transportation Provider Performance Standards Acceptance
* Transportation Contracts List
* Instructions for Completing Price Charts (Rate Quotes) & Price Chart Forms
* Transportation Provider Employee log
* Transportation Provider Vehicle log

Attachment copies:

* OSD-SDO Certification Letter, if applicable
* Certificate of Good Standing - MA Department of Revenue
* Certificate of Good Standing/Legal Existence - MA Secretary of the Commonwealth and/or Municipal Business Certificate
* Written professional references (MART requires that the transportation provider have a minimum of one (1) year experience owning and operating a passenger transportation company.***References will be contacted to confirm the provider’s length of service, performance, reliability, qualifications, etc.***

# **mart Human Service Transportation (hst)**

# **Certification of Insurability**

In accordance with the Transportation Provider contractual agreement with MART including “Transportation Provider Performance Standards” and “Broker Transportation Provider Additional MART Performance Standards”, the applicant assures that the business will acquire and maintain insurance without lapse of coverage, as follows:

1. Liability insurance on all vehicles used, at a level that meets or exceeds the amount of compulsory motor vehicle liability insurance required as indicated in the Broker Transportation Provider Additional MART Performance Standards; and
2. Workers compensation insurance on all employees and owner/operators who will work, at a level that meets or exceeds coverage as indicated in the Broker Transportation Provider Additional MART Performance Standards.

The provider will be required to furnish valid certificates of insurance with appropriate additional insured and certificate holder language evidencing compliance prior to transporting passengers.

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date

Printed Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **mart Human Service Transportation (HST)**

# **NON-COLLUSION AFFIDAVIT**

By executing this Non-Collusion Affidavit, the Applicant affirms, under the pains and penalties of perjury, that said Applicant has not, directly, or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive proposals in connection with any contract(s) for Human Service Transportation.

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date:

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MART HUMAN SERVICE TRANSPORTATION (HST)**

# **CERTIFICATion OF GOOD STANDING**

**MASSACHUSETTS DEPARTMENT OF REVENUE**

The Applicant assures that the business is in good standing with the Massachusetts Department of Revenue. The Certificate of Good Standing may be obtained from the following website link:

[www.mass.gov/how-to/request-a-certificate-of-good-standing-tax-compliance-or-a-corporate-tax-lien-waiver](http://www.mass.gov/how-to/request-a-certificate-of-good-standing-tax-compliance-or-a-corporate-tax-lien-waiver)

A copy of the business’s most recent Certificate of Good Standing issued by the Massachusetts Department of Revenue is attached to this document. This certificate must be issued within the past twelve months. (Certificate’s older than twelve months will be rejected).

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date:

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MART Human Service Transportation (HST)**

# **CERTIFICATION OF GOOD STANDING/LEGAL EXISTENCE**

**MASSACHUSETTS SECRETARY OF THE COMMONWEALTH BUSINESS CERTIFICATE**

The Applicant assures that the business is in good standing with the Massachusetts Secretary of the Commonwealth. The Certificate of Good Standing/Legal Existence may be obtained from the following website link:

[www.sec.state.ma.us/cor/corpweb/corcert/certinf.htm](http://www.sec.state.ma.us/cor/corpweb/corcert/certinf.htm)

The Applicant (if Corporation or LLC) must submit a copy of their Certificate of Good Standing/Legal Existence from the Secretary of the Commonwealth with their contract. Refer to 950 CMR 113.00: The Massachusetts Business Corporation Act, M.G.L. c.156D. If not a corporation or LLC, you are required to submit a Business License/Certificate from the City or Town your Business is registered in.

A copy of the Certificate of Good Standing/Legal Existence business certificate issued by the Secretary of the Commonwealth is attached to this document.

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date:

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MART HUMAN SERVICE TRANSPORTATION (HST)**

# **SIGNATURE VERIFICATION**

## **PROVIDER LEGAL BUSINESS NAME**:­­­­­­­­­­­­­­­­­

**Authorization:** I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel or other Officer for the Provider and authorized to sign contracts and other legally binding documents related to contracts.

Signed under the pains and penalties of perjury**:**

**X** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Signature: Date:

\*\*\**(Must match clerk or notary date) \*\*\**

Printed Name & Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:      \_\_\_\_\_\_\_\_\_\_\_\_

Email:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:       \_\_\_

**VERIFICATION OF PROVIDER SIGNATURE:**

**Notary:** (Complete in presence of notary)

I, \_\_\_\_\_\_\_\_\_\_\_\_(NOTARY) as a notary public, certify that I witnessed the signature of the aforementioned signatory above and that I verified the individual’s identity on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

My commission expires on: AFFIX NOTARY SEAL

# **MART Human Service Transportation (HST)**

# **Business Certification**

By executing this Certification Form, the Transportation Provider makes, under the pains and penalties of perjury, all certifications required below and affirms it has provided all required documentation or shall provide any required documentation upon request. A signed, valid Certification Form is a pre-requisite to becoming qualified as an HST Transportation Provider.

***An authorized signatory must initial each line as acceptance or certification of that term.***

**\_\_\_\_1. AFFIRMATIVE ACTION, NON-DISCRIMINATION IN HIRING AND EMPLOYMENT:** The Transportation Provider is and will remain in compliance with all federal and state laws, rules and regulations promoting fair employment practices or prohibiting employment discrimination and unfair labor practices. The Transportation Provider commits to purchasing supplies and services from certified minority or women-owned businesses, small businesses or businesses owned by socially or economically disadvantaged persons or persons with disabilities.

**\_\_\_\_2. NOT DEBARRED**: The Transportation Provider certifies that it and any of its proposed subcontractors are not currently debarred or suspended by the federal or state government under any law or regulation.

**\_\_\_\_3. TAX COMPLIANCE:** The Transportation Provider certifies Tax Compliance with [*Federal t**a**x* *laws*](http://www.irs.treas.gov); State tax laws including [*G.L.* *c. 62C*](http://www.state.ma.us/legis/laws/mgl/gl-62C-toc.htm)*,* [*G.L.* *c.* *6**2**C, s. 49A*](http://www.state.ma.us/legis/laws/mgl/62c%2D49a.htm) (the Transportation Provider has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support and is in good standing with respect to all returns due and taxes payable to the commissioner of revenue); reporting of employees and contractors under [*G.L**. c. 62E*](http://www.state.ma.us/legis/laws/mgl/gl%2D62e%2Dtoc.htm), withholding and remitting [*child su**pp**ort*](http://www.state.ma.us/legis/laws/mgl/gl-119A-toc.htm) including [*G.L. c. 1**19A,* *s. 12*](http://www.state.ma.us/legis/laws/mgl/119A-12.htm)*.*

**\_\_\_\_4. NO RECENT BANKRUPTCY/RISK:** The Transportation Provider certifies it has not been in bankruptcy and/or receivership within the last three calendar years, and the Transportation Provider certifies that it will immediately notify the Broker(s) in writing if there is any risk to the solvency of the Transportation Provider that may impact the Transportation Provider’s ability to timely fulfill the terms of any Transportation Contract with MART.

**\_\_\_\_5. DISCLOSURE OF JUDGEMENTS/CONVICTIONS ETC**.: The Transportation Provider shall affirmatively disclose the details of any pertinent judgment, criminal conviction, investigation, or litigation pending against the Transportation Provider or any of its officers, directors, employees, agents, or subcontractors of which the Transportation Provider has knowledge, or learns of during the term of any Transportation Contract with MART.

**\_\_\_\_6. LEGAL ORGANIZATIONAL CHANGES:** Transportation Providers must affirmatively disclose any [*potential change*](#structural) in its legal organization at least 45 days prior to the change, which includes changes in the officers, directors, or the legal entity.

**\_\_\_\_7. FILING OF REQUIRED CERTIFICATES AND REPORTS:** The Transportation Provider certifies compliance with filing requirements for the[*Secretary of* *the Commonwealth*](http://www.sec.state.ma.us) and [*Offic**e of t**he Attorney Gen**eral*](http://www.mass.gov/ago) or other Departments as related to its conduct of business in the Commonwealth

**\_\_\_\_8. EMPLOYER REQUIREMENTS:** If an employer, the Transportation Provider certifies compliance with applicable state and federal employment laws or regulations, including but not limited to [*mi**nim**um* *wag**es and* *prevailin**g* *wage* *pr**ograms and payments*](http://www.mass.gov/dos); [*unemploy**ment insurance*](http://www.mass.gov/?pageID=dlwdagencylanding&L=4&L0=Home&L1=Claimants&L2=Customer+Service&L3=Division+of+Unemployment+Assistance&sid=Edwd) and contributions; [*wor**kers’ co**mpens**ation and insurance*](http://www.mass.gov/dol)*,* [*child* *labor law**s*](http://www.ago.state.ma.us/sp.cfm?pageid=1119)*,* [*AGO* *fair lab**or**practices*](http://www.ago.state.ma.us/sp.cfm?pageid=2374)*;* [*G.L.* *c. 149*](http://www.state.ma.us/legis/laws/mgl/gl%2D149%2Dtoc.htm)  (Labor and Industries); *[G.L.](http://www.state.ma.us/legis/laws/mgl/gl-150A-toc.htm)* *[c.](http://www.state.ma.us/legis/laws/mgl/gl-150A-toc.htm)* *[150A](http://www.state.ma.us/legis/laws/mgl/gl-150A-toc.htm)* *(Labor Relations);* [*G.L.* *c**. 151*](http://www.state.ma.us/legis/laws/mgl/gl-151-toc.htm) and *[455 C](http://www.state.ma.us/dos/pages/CMR455002.htm)**[M](http://www.state.ma.us/dos/pages/CMR455002.htm)**[R 2.0](http://www.state.ma.us/dos/pages/CMR455002.htm)**[0 (Minimum Fair Wage](http://www.state.ma.us/dos/pages/CMR455002.htm)s);*[*G.L. c.* *151A*](http://www.state.ma.us/legis/laws/mgl/gl-151A-toc.htm) (Employment and Training*);* *[G. L.](http://www.state.ma.us/legis/laws/mgl/gl-151B-toc.htm)* *[c. 151B](http://www.state.ma.us/legis/laws/mgl/gl-151B-toc.htm)*(Unlawful Discrimination); [*G.L.* *c.**151E*](http://www.state.ma.us/legis/laws/mgl/gl-151E-toc.htm) (Business Discrimination); *[G.L. c.](http://www.state.ma.us/legis/laws/mgl/gl-152-toc.htm)* *[15](http://www.state.ma.us/legis/laws/mgl/gl-152-toc.htm)**[2](http://www.state.ma.us/legis/laws/mgl/gl-152-toc.htm)* (Workers’ Compensation); [*G.L.* *c.153*](http://www.state.ma.us/legis/laws/mgl/gl-153-toc.htm) (Liability for Injuries); [*29 USC c. 8*](http://caselaw.lp.findlaw.com/casecode/uscodes/29/chapters/8/toc.html) (Federal Fair Labor Standards); [*29 USC c. 28*](http://caselaw.lp.findlaw.com/casecode/uscodes/29/chapters/28/toc.html) (Federal Family and Medical Leave Act; [*AGO Consumers and Civil Rights.*](http://www.ago.state.ma.us/sp.cfm?pageid=2373)

**\_\_\_\_9. ANTI-LOBBYING REQUIREMENTS:** The Transportation Provider certifies compliance with federal anti-lobbying requirements including [*31 U**S**C* *1352*](http://www.law.cornell.edu/uscode/31/usc_sec_31_00001352----000-.html)*;* [*other federal requirements when receiving feder**al funds*](http://www.whitehouse.gov/omb/circulars/index-education.html); [*Executive Order 11246*](http://www.dol.gov/esa/regs/statutes/ofccp/eo11246.htm)*;* [*Air Pollution Act*](http://www.epa.gov/ebtpages/air.html)*;* *[Federal Water Pollution Control Act](http://www.epa.gov/ebtpages/water.html).*

**\_\_\_\_10. DRUG FREE WORKPLACE:** The Transportation Provider commits to a drug-free workplace, in accordance with the Drug-Free Workplace Act of 1988 (41 USC 702).

\_\_\_\_**11. CERTIFICATE OF GOOD STANDING** (Department of Revenue): The Transportation Provider certifies that they are in good standing with any and all returns due and taxes payable to the Commonwealth. Per G.L. c. 62C, § § 51 and 52, G.L. c. 138, § 64 and G.L. c. 156D, § 15. The Transportation Provider must submit a copy of their Certificate of Good Standing from the Department of Revenue with their contract.

\_\_\_\_**12.** **CERTIFICATE OF GOOD STANDING/BUSINESS CERTIFICATE**: The Transportation Provider (if an LLC or Corporation) must submit a copy of their Certificate of Good Standing from the Secretary of Commonwealth with their contract. Per 950 CMR 113.00, M.G.L. c. 156D. If not an LLC or Corporation you are required to submit a Business Certificate from the City or Town, your Business is registered in.

This certification will become part of (and is incorporated by reference into) any HST contractual agreement between the Provider and MART.

The person signing below warrants that he or she is an authorized representative of the Provider and has the authority to sign on behalf of the Provider. Accepted and agreed to:

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date:

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MART Human Service Transportation (hst)**

# **TRANSPORTATION PROVIDER PERFORMANCE STANDARDS ACCEPTANCE**

Documents can be found here: <http://www.mrta.us/masshealth/transportation-providers>

I acknowledge that I have read, reviewed, and understand all the provisions contained in the “Transportation Provider Performance Standards”.

and

I acknowledge that I have read, reviewed, and understand all the provisions contained in the “Brokerage Transportation Provider Additional MART Performance Standards”.

I acknowledge that the aforementioned documents shall be incorporated into any contractual agreement with Montachusett Regional Transit Authority (MART) for the provision of HST passenger transportation services.

I hereby certify to abide by all the conditions, requirements and responsibilities contained in the aforementioned documents.

.

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date:

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION CONTRACTS LIST**

Complete for all current, expired and/or terminated transportation contracts held by the applying Provider within the last three (3) years, starting with the most recent. Attach additional pages, as needed. (**\***Indicates required field).

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name:      \*Contact Person     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:      Phone#:     \_\_\_\_\_\_\_\_

**\*Email address required**:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Expired Terminated Date(s) of services provided:      \_\_\_\_\_\_\_\_

Description of Services:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name:      \*Contact Person     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:      Phone#:     \_\_\_\_\_\_\_\_

**\*Email address required**:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Expired Terminated Date(s) of services provided:      \_\_\_\_\_\_\_\_

Description of Services:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name:      \*Contact Person     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:      Phone#:     \_\_\_\_\_\_\_\_

**\*Email address required**:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Expired Terminated Date(s) of services provided:      \_\_\_\_\_\_\_\_

Description of Services:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name:      \*Contact Person     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:      Phone#:     \_\_\_\_\_\_\_\_

**\*Email address required**:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Expired Terminated Date(s) of services provided:      \_\_\_\_\_\_\_\_

Description of Services:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MART Demand response brokerage transportation**

**INSTRUCTIONS FOR COMPLETING PRICE CHARTS (RATE QUOTES)**

All price charts list the Human Service Transportation (HST) area: Western Massachusetts 01; Northeastern Massachusetts 02; and the cities/towns included in each area.

Each HST area has a separate price chart for the type of service you may provide, i.e., Chair Car (W/C), Dial-A-Ride (DAR) or Taxi. Select the appropriate area and type of service and complete the information for the cities/town for which you want to provide service.

Insert the provider legal business name that is requested on the charts then sign and date.

**PRICE CHART DEFINITIONS:**

|  |  |
| --- | --- |
| PRIMARY PICK UP LOCATIONS | City/Town trip originates from |
| PICK UP FARE | Amount charged for pick-up of client in primary pick up location (City/Town) |
| MILEAGE INCLUDED IN PICK UP FARE | Maximum amount of loaded mileage (when consumer is on board) included in pick up fare (\*DAR has minimum of 5 required) |
| PER MILE RATE | Charged for additional loaded mileage not included in pick up fare |
| SHARED RIDE PICK UP FARE | Discounted pick up rate for multiple clients on the same vehicle. This discount applies to all additional clients pick up after the first client is picked up (no additional mileage fee can be applied for each client, the total loaded mileage for the entire trip is applied only once to the first client picked up.) |

**HOW TO SET RATES:**

|  |  |
| --- | --- |
| CHAIR CAR (Wheelchair): | Pick up fare includes pick up rate and you may include loaded mileage in the pick-up fare |
| DIAL-A-RIDE (DAR) | Pick up fare includes a minimum of 5 (five) loaded miles in the “mileage included in pick-up fare” rate and additional loaded miles if you include them |
| TAXI | Pick up fare includes pick up rate and you may include loaded mileage in the pick-up fare |

| CHAIR CAR PRICE CHART- Western massachusetts HST 01 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Pick up fare includes pick up rate and you may include loaded mileage in the pick-up fare* | | | | | | |
|  | PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE | SHARED RIDE PICK UP FARE |
|  | ADAMS |  |  |  |  |
|  | AGAWAM |  |  |  |  |
|  | ALFORD |  |  |  |  |
|  | AMHERST |  |  |  |  |
|  | ASHFIELD |  |  |  |  |
|  | ATHOL |  |  |  |  |
|  | AUBURN |  |  |  |  |
|  | BARRE |  |  |  |  |
|  | BECKET |  |  |  |  |
|  | BELCHERTOWN |  |  |  |  |
|  | BELLINGHAM |  |  |  |  |
|  | BERLIN |  |  |  |  |
|  | BERNARDSTON |  |  |  |  |
|  | BLACKSTONE |  |  |  |  |
|  | BLANDFORD |  |  |  |  |
|  | BOYLSTON |  |  |  |  |
|  | BRIMFIELD |  |  |  |  |
|  | BROOKFIELD |  |  |  |  |
|  | BUCKLAND |  |  |  |  |
|  | CHARLEMONT |  |  |  |  |
|  | CHARLTON |  |  |  |  |
|  | CHESHIRE |  |  |  |  |
|  | CHESTER |  |  |  |  |
|  | CHESTERFIELD |  |  |  |  |
|  | CHICOPEE |  |  |  |  |
|  | CLARKSBURG |  |  |  |  |
|  | CLINTON |  |  |  |  |
|  | COLRAIN |  |  |  |  |
|  | CONWAY |  |  |  |  |
|  | CUMMINGTON |  |  |  |  |
|  | DALTON |  |  |  |  |
|  | DEERFIELD |  |  |  |  |
|  | DOUGLAS |  |  |  |  |
|  | DUDLEY |  |  |  |  |

| CHAIR CAR PRICE CHART- Western massachusetts HST 01 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Pick up fare includes pick up rate and you may include loaded mileage in the pick-up fare* | | | | | | |
|  | PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE | SHARED RIDE PICK UP FARE |
|  | EAST BROOKFIELD |  |  |  |  |
|  | EAST LONGMEADOW |  |  |  |  |
|  | EASTHAMPTON |  |  |  |  |
|  | EGREMONT |  |  |  |  |
|  | ERVING |  |  |  |  |
|  | FLORIDA |  |  |  |  |
|  | FRANKLIN |  |  |  |  |
|  | GILL |  |  |  |  |
|  | GOSHEN |  |  |  |  |
|  | GRAFTON |  |  |  |  |
|  | GRANBY |  |  |  |  |
|  | GRANVILLE |  |  |  |  |
|  | GREAT BARRINGTON |  |  |  |  |
|  | GREENFIELD |  |  |  |  |
|  | HADLEY |  |  |  |  |
|  | HAMPDEN |  |  |  |  |
|  | HANCOCK |  |  |  |  |
|  | HARDWICK |  |  |  |  |
|  | HATFIELD |  |  |  |  |
|  | HAWLEY |  |  |  |  |
|  | HEATH |  |  |  |  |
|  | HINSDALE |  |  |  |  |
|  | HOLDEN |  |  |  |  |
|  | HOLLAND |  |  |  |  |
|  | HOLLISTON |  |  |  |  |
|  | HOLYOKE |  |  |  |  |
|  | HOPEDALE |  |  |  |  |
|  | HOPKINTON |  |  |  |  |
|  | HUNTINGTON |  |  |  |  |
|  | LANESBOROUGH |  |  |  |  |
|  | LEE |  |  |  |  |
|  | LEICESTER |  |  |  |  |
|  | LENOX |  |  |  |  |
|  | LEVERETT |  |  |  |  |
|  | LEYDEN |  |  |  |  |
|  | LONGMEADOW |  |  |  |  |
|  | LUDLOW |  |  |  |  |
|  | MARLBOROUGH |  |  |  |  |
|  | MEDWAY |  |  |  |  |
|  | MENDON |  |  |  |  |
|  | MIDDLEFIELD |  |  |  |  |
|  | MILFORD |  |  |  |  |
|  | MILLBURY |  |  |  |  |
|  | MILLVILLE |  |  |  |  |
|  | MONROE |  |  |  |  |
|  | MONSON |  |  |  |  |
|  | MONTAGUE |  |  |  |  |
|  | MONTEREY |  |  |  |  |
|  | MONTGOMERY |  |  |  |  |
|  | MOUNT WASHINGTON |  |  |  |  |
|  | NEW ASHFORD |  |  |  |  |
|  | NEW BRAINTREE |  |  |  |  |
|  | NEW MARLBOROUGH |  |  |  |  |
|  | NEW SALEM |  |  |  |  |
|  | NORTH ADAMS |  |  |  |  |
|  | NORTH BROOKFIELD |  |  |  |  |
|  | NORTHAMPTON |  |  |  |  |
|  | NORTHBOROUGH |  |  |  |  |
|  | NORTHBRIDGE |  |  |  |  |
|  | NORTHFIELD |  |  |  |  |
|  | OAKHAM |  |  |  |  |
|  | ORANGE |  |  |  |  |
|  | OTIS |  |  |  |  |
|  | OXFORD |  |  |  |  |
|  | PALMER |  |  |  |  |
|  | PAXTON |  |  |  |  |
|  | PELHAM |  |  |  |  |
|  | PERU |  |  |  |  |
|  | PETERSHAM |  |  |  |  |
|  | PHILLIPSTON |  |  |  |  |
|  | PITTSFIELD |  |  |  |  |
|  | PLAINFIELD |  |  |  |  |
|  | PRINCETON |  |  |  |  |
|  | RICHMOND |  |  |  |  |
|  | ROWE |  |  |  |  |
|  | RUSSELL |  |  |  |  |
|  | RUTLAND |  |  |  |  |
|  | SANDISFIELD |  |  |  |  |
|  | SAVOY |  |  |  |  |
|  | SHEFFIELD |  |  |  |  |
|  | SHELBURNE |  |  |  |  |
|  | SHREWSBURY |  |  |  |  |
|  | SHUTESBURY |  |  |  |  |
|  | SOUTH HADLEY |  |  |  |  |
|  | SOUTHAMPTON |  |  |  |  |
|  | SOUTHBOROUGH |  |  |  |  |
|  | SOUTHBRIDGE |  |  |  |  |
|  | SOUTHWICK |  |  |  |  |
|  | SPENCER |  |  |  |  |
|  | SPRINGFIELD |  |  |  |  |
|  | STOCKBRIDGE |  |  |  |  |
|  | STURBRIDGE |  |  |  |  |
|  | SUNDERLAND |  |  |  |  |
|  | SUTTON |  |  |  |  |
|  | TOLLAND |  |  |  |  |
|  | TYRINGHAM |  |  |  |  |
|  | UPTON |  |  |  |  |
|  | UXBRIDGE |  |  |  |  |
|  | WALES |  |  |  |  |
|  | WARE |  |  |  |  |
|  | WARREN |  |  |  |  |
|  | WARWICK |  |  |  |  |
|  | WASHINGTON |  |  |  |  |
|  | WEBSTER |  |  |  |  |
|  | WENDELL |  |  |  |  |
|  | WEST BOYLSTON |  |  |  |  |
|  | WEST BROOKFIELD |  |  |  |  |
|  | WEST SPRINGFIELD |  |  |  |  |
|  | WEST STOCKBRIDGE |  |  |  |  |
|  | WESTBOROUGH |  |  |  |  |
|  | WESTFIELD |  |  |  |  |
|  | WESTHAMPTON |  |  |  |  |
|  | WHATELY |  |  |  |  |
|  | WILBRAHAM |  |  |  |  |
|  | WILLIAMSBURG |  |  |  |  |
|  | WILLIAMSTOWN |  |  |  |  |
|  | WINDSOR |  |  |  |  |
|  | WORCESTER |  |  |  |  |
|  | WRENTHAM |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Legal Business Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| X | | |  |  | |
| Signature of Provider or Authorized Representative |  | |  | Date |  |

ICK UP F

| DIAL-A-RIDE PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | |
| --- | --- | --- | --- | --- |
| *A minimum of 5 (five) loaded miles is required in the “mileage included in pick-up fare” rate column* | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE  (5 minimum) | SHARED RIDE  PICK UP FARE |
| ADAMS |  |  |  |  |
| AGAWAM |  |  |  |  |
| ALFORD |  |  |  |  |
| AMHERST |  |  |  |  |
| ASHFIELD |  |  |  |  |
| ATHOL |  |  |  |  |
| AUBURN |  |  |  |  |
| BARRE |  |  |  |  |
| BECKET |  |  |  |  |
| BELCHERTOWN |  |  |  |  |
| BELLINGHAM |  |  |  |  |
| BERLIN |  |  |  |  |
| BERNARDSTON |  |  |  |  |
| BLACKSTONE |  |  |  |  |
| BLANDFORD |  |  |  |  |
| BOYLSTON |  |  |  |  |
| BRIMFIELD |  |  |  |  |
| BROOKFIELD |  |  |  |  |
| BUCKLAND |  |  |  |  |
| CHARLEMONT |  |  |  |  |
| CHARLTON |  |  |  |  |
| CHESHIRE |  |  |  |  |
| CHESTER |  |  |  |  |
| CHESTERFIELD |  |  |  |  |
| CHICOPEE |  |  |  |  |
| CLARKSBURG |  |  |  |  |
| CLINTON |  |  |  |  |
| COLRAIN |  |  |  |  |
| CONWAY |  |  |  |  |
| CUMMINGTON |  |  |  |  |
| DALTON |  |  |  |  |
| DEERFIELD |  |  |  |  |
| DOUGLAS |  |  |  |  |
| DUDLEY |  |  |  |  |
| EAST BROOKFIELD |  |  |  |  |
| EAST LONGMEADOW |  |  |  |  |
| EASTHAMPTON |  |  |  |  |
| EGREMONT |  |  |  |  |
| ERVING |  |  |  |  |
| FLORIDA |  |  |  |  |
| FRANKLIN |  |  |  |  |
| GILL |  |  |  |  |
| GOSHEN |  |  |  |  |
| GRAFTON |  |  |  |  |
| GRANBY |  |  |  |  |
| GRANVILLE |  |  |  |  |
| GREAT BARRINGTON |  |  |  |  |
| GREENFIELD |  |  |  |  |
| HADLEY |  |  |  |  |
| HAMPDEN |  |  |  |  |
| HANCOCK |  |  |  |  |
| HARDWICK |  |  |  |  |
| HATFIELD |  |  |  |  |
| HAWLEY |  |  |  |  |
| HEATH |  |  |  |  |
| HINSDALE |  |  |  |  |
| HOLDEN |  |  |  |  |
| HOLLAND |  |  |  |  |
| HOLLISTON |  |  |  |  |
| HOLYOKE |  |  |  |  |
| HOPEDALE |  |  |  |  |
| HOPKINTON |  |  |  |  |
| HUNTINGTON |  |  |  |  |
| LANESBOROUGH |  |  |  |  |
| LEE |  |  |  |  |
| LEICESTER |  |  |  |  |
| LENOX |  |  |  |  |
| LEVERETT |  |  |  |  |
| LEYDEN |  |  |  |  |
| LONGMEADOW |  |  |  |  |
| LUDLOW |  |  |  |  |
| MARLBOROUGH |  |  |  |  |
| MEDWAY |  |  |  |  |
| MENDON |  |  |  |  |
| MIDDLEFIELD |  |  |  |  |
| MILFORD |  |  |  |  |
| MILLBURY |  |  |  |  |
| MILLVILLE |  |  |  |  |
| MONROE |  |  |  |  |
| MONSON |  |  |  |  |
| MONTAGUE |  |  |  |  |
| MONTEREY |  |  |  |  |
| MONTGOMERY |  |  |  |  |
| MOUNT WASHINGTON |  |  |  |  |
| NEW ASHFORD |  |  |  |  |
| NEW BRAINTREE |  |  |  |  |
| NEW MARLBOROUGH |  |  |  |  |
| NEW SALEM |  |  |  |  |
| NORTH ADAMS |  |  |  |  |
| NORTH BROOKFIELD |  |  |  |  |
| NORTHAMPTON |  |  |  |  |
| NORTHBOROUGH |  |  |  |  |
| NORTHBRIDGE |  |  |  |  |
| NORTHFIELD |  |  |  |  |
| OAKHAM |  |  |  |  |
| ORANGE |  |  |  |  |
| OTIS |  |  |  |  |
| OXFORD |  |  |  |  |
| PALMER |  |  |  |  |

| DIAL-A-RIDE PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | |
| --- | --- | --- | --- | --- |
| *A minimum of 5 (five) loaded miles is required in the “mileage included in pick-up fare” rate column* | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE  (5 minimum) | SHARED RIDE  PICK UP FARE |
| PAXTON |  |  |  |  |
| PELHAM |  |  |  |  |
| PERU |  |  |  |  |
| PETERSHAM |  |  |  |  |
| PHILLIPSTON |  |  |  |  |
| PITTSFIELD |  |  |  |  |
| PLAINFIELD |  |  |  |  |
| PRINCETON |  |  |  |  |
| RICHMOND |  |  |  |  |
| ROWE |  |  |  |  |
| RUSSELL |  |  |  |  |
| RUTLAND |  |  |  |  |
| SANDISFIELD |  |  |  |  |
| SAVOY |  |  |  |  |
| SHEFFIELD |  |  |  |  |
| SHELBURNE |  |  |  |  |
| SHREWSBURY |  |  |  |  |
| SHUTESBURY |  |  |  |  |
| SOUTH HADLEY |  |  |  |  |
| SOUTHAMPTON |  |  |  |  |
| SOUTHBOROUGH |  |  |  |  |
| SOUTHBRIDGE |  |  |  |  |
| SOUTHWICK |  |  |  |  |
| SPENCER |  |  |  |  |
| SPRINGFIELD |  |  |  |  |
| STOCKBRIDGE |  |  |  |  |
| SUNDERLAND |  |  |  |  |
| SUTTON |  |  |  |  |
| TOLLAND |  |  |  |  |
| TYRINGHAM |  |  |  |  |
| UPTON |  |  |  |  |
| UXBRIDGE |  |  |  |  |
| WALES |  |  |  |  |
| WARE |  |  |  |  |
| WARREN |  |  |  |  |
| WARWICK |  |  |  |  |
| WASHINGTON |  |  |  |  |
| WEBSTER |  |  |  |  |
| WENDELL |  |  |  |  |
| WEST BOYLSTON |  |  |  |  |
| WEST BROOKFIELD |  |  |  |  |
| WEST SPRINGFIELD |  |  |  |  |
| WEST STOCKBRIDGE |  |  |  |  |
| WESTBOROUGH |  |  |  |  |
| WESTFIELD |  |  |  |  |
| WESTHAMPTON |  |  |  |  |
| WHATELY |  |  |  |  |
| WILBRAHAM |  |  |  |  |
| WILLIAMSBURG |  |  |  |  |
| WILLIAMSTOWN |  |  |  |  |
| WINDSOR |  |  |  |  |
| WORCESTER |  |  |  |  |
| WRENTHAM |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Legal Business Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| X | | | | | | | |  |  | | | | |
| Signature of Provider or Authorized Representative | | |  | | | | |  | Date |  | | | |
| TAXI PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | | | | | | | | |
| *Pickup fare includes pickup rate, and you may include loaded mileage in the pickup fare.* | | | | | | | | | | | |
| PRIMARY PICK UP LOCATIONS | | PICK UP FARE | | PER MILE RATE | | MILEAGE INCLUDED IN PICK UP FARE | | | | | SHARED RIDE  PICK UP FARE |
| ADAMS | |  | |  | |  | | | | |  |
| AGAWAM | |  | |  | |  | | | | |  |
| ALFORD | |  | |  | |  | | | | |  |
| AMHERST | |  | |  | |  | | | | |  |
| ASHFIELD | |  | |  | |  | | | | |  |
| ATHOL | |  | |  | |  | | | | |  |
| AUBURN | |  | |  | |  | | | | |  |
| BARRE | |  | |  | |  | | | | |  |
| BECKET | |  | |  | |  | | | | |  |
| BELCHERTOWN | |  | |  | |  | | | | |  |
| BELLINGHAM | |  | |  | |  | | | | |  |
| BERLIN | |  | |  | |  | | | | |  |
| BERNARDSTON | |  | |  | |  | | | | |  |
| BLACKSTONE | |  | |  | |  | | | | |  |
| BLANDFORD | |  | |  | |  | | | | |  |
| BOYLSTON | |  | |  | |  | | | | |  |
| BRIMFIELD | |  | |  | |  | | | | |  |
| BROOKFIELD | |  | |  | |  | | | | |  |
| BUCKLAND | |  | |  | |  | | | | |  |
| CHARLEMONT | |  | |  | |  | | | | |  |
| CHARLTON | |  | |  | |  | | | | |  |
| CHESHIRE | |  | |  | |  | | | | |  |
| CHESTER | |  | |  | |  | | | | |  |
| CHESTERFIELD | |  | |  | |  | | | | |  |
| CHICOPEE | |  | |  | |  | | | | |  |
| CLARKSBURG | |  | |  | |  | | | | |  |
| CLINTON | |  | |  | |  | | | | |  |
| COLRAIN | |  | |  | |  | | | | |  |
| CONWAY | |  | |  | |  | | | | |  |
| CUMMINGTON | |  | |  | |  | | | | |  |
| DALTON | |  | |  | |  | | | | |  |
| DEERFIELD | |  | |  | |  | | | | |  |
| DOUGLAS | |  | |  | |  | | | | |  |
| DUDLEY | |  | |  | |  | | | | |  |
| TAXI PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | | | | | | | | |
| *Pickup fare includes pickup rate, and you may include loaded mileage in the pick-up fare.* | | | | | | | | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | | PER MILE RATE | | MILEAGE INCLUDED IN PICK UP FARE | | | | | SHARED RIDE  PICK UP FARE | |
| EAST BROOKFIELD |  | |  | |  | | | | |  | |
| EAST LONGMEADOW |  | |  | |  | | | | |  | |
| EASTHAMPTON |  | |  | |  | | | | |  | |
| EGREMONT |  | |  | |  | | | | |  | |
| ERVING |  | |  | |  | | | | |  | |
| FLORIDA |  | |  | |  | | | | |  | |
| FRANKLIN |  | |  | |  | | | | |  | |
| GILL |  | |  | |  | | | | |  | |
| GOSHEN |  | |  | |  | | | | |  | |
| GRAFTON |  | |  | |  | | | | |  | |
| GRANBY |  | |  | |  | | | | |  | |
| GRANVILLE |  | |  | |  | | | | |  | |
| GREAT BARRINGTON |  | |  | |  | | | | |  | |
| GREENFIELD |  | |  | |  | | | | |  | |
| HADLEY |  | |  | |  | | | | |  | |
| HAMPDEN |  | |  | |  | | | | |  | |
| HANCOCK |  | |  | |  | | | | |  | |
| HARDWICK |  | |  | |  | | | | |  | |
| HATFIELD |  | |  | |  | | | | |  | |
| HAWLEY |  | |  | |  | | | | |  | |
| HEATH |  | |  | |  | | | | |  | |
| HINSDALE |  | |  | |  | | | | |  | |
| HOLDEN |  | |  | |  | | | | |  | |
| HOLLAND |  | |  | |  | | | | |  | |
| HOLLISTON |  | |  | |  | | | | |  | |
| HOLYOKE |  | |  | |  | | | | |  | |
| HOPEDALE |  | |  | |  | | | | |  | |
| HOPKINTON |  | |  | |  | | | | |  | |
| HUNTINGTON |  | |  | |  | | | | |  | |
| LANESBOROUGH |  | |  | |  | | | | |  | |
| LEE |  | |  | |  | | | | |  | |
| LEICESTER |  | |  | |  | | | | |  | |
| LENOX |  | |  | |  | | | | |  | |
| LEVERETT |  | |  | |  | | | | |  | |
| TAXI PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | | | | | | | | |
| *Pickup fare includes pickup rate, and you may include loaded mileage in the pick-up fare.* | | | | | | | | | | | |
| PRIMARY PICK UP LOCATIONS | | PICK UP FARE | | PER MILE RATE | | MILEAGE INCLUDED IN PICK UP FARE | | | | | SHARED RIDE  PICK UP FARE |
| LEYDEN | |  | |  | |  | | | | |  |
| LONGMEADOW | |  | |  | |  | | | | |  |
| LUDLOW | |  | |  | |  | | | | |  |
| MARLBOROUGH | |  | |  | |  | | | | |  |
| MEDWAY | |  | |  | |  | | | | |  |
| MENDON | |  | |  | |  | | | | |  |
| MIDDLEFIELD | |  | |  | |  | | | | |  |
| MILFORD | |  | |  | |  | | | | |  |
| MILLBURY | |  | |  | |  | | | | |  |
| MILLVILLE | |  | |  | |  | | | | |  |
| MONROE | |  | |  | |  | | | | |  |
| MONSON | |  | |  | |  | | | | |  |
| MONTAGUE | |  | |  | |  | | | | |  |
| MONTEREY | |  | |  | |  | | | | |  |
| MONTGOMERY | |  | |  | |  | | | | |  |
| MOUNT WASHINGTON | |  | |  | |  | | | | |  |
| NEW ASHFORD | |  | |  | |  | | | | |  |
| NEW BRAINTREE | |  | |  | |  | | | | |  |
| NEW MARLBOROUGH | |  | |  | |  | | | | |  |
| NEW SALEM | |  | |  | |  | | | | |  |
| NORTH ADAMS | |  | |  | |  | | | | |  |
| NORTH BROOKFIELD | |  | |  | |  | | | | |  |
| NORTHAMPTON | |  | |  | |  | | | | |  |
| NORTHBOROUGH | |  | |  | |  | | | | |  |
| NORTHBRIDGE | |  | |  | |  | | | | |  |
| NORTHFIELD | |  | |  | |  | | | | |  |
| OAKHAM | |  | |  | |  | | | | |  |
| ORANGE | |  | |  | |  | | | | |  |
| OTIS | |  | |  | |  | | | | |  |
| OXFORD | |  | |  | |  | | | | |  |
| PALMER | |  | |  | |  | | | | |  |
| PAXTON | |  | |  | |  | | | | |  |
| PELHAM | |  | |  | |  | | | | |  |
| PERU | |  | |  | |  | | | | |  |
| TAXI PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | | | | | | | | |
| *Pickup fare includes pickup rate, and you may include loaded mileage in the pick-up fare.* | | | | | | | | | | | |
| PRIMARY PICK UP LOCATIONS | | PICK UP FARE | | PER MILE RATE | | MILEAGE INCLUDED IN PICK UP FARE | | | | | SHARED RIDE  PICK UP FARE |
| PETERSHAM | |  | |  | |  | | | | |  |
| PHILLIPSTON | |  | |  | |  | | | | |  |
| PITTSFIELD | |  | |  | |  | | | | |  |
| PLAINFIELD | |  | |  | |  | | | | |  |
| PRINCETON | |  | |  | |  | | | | |  |
| RICHMOND | |  | |  | |  | | | | |  |
| ROWE | |  | |  | |  | | | | |  |
| RUSSELL | |  | |  | |  | | | | |  |
| RUTLAND | |  | |  | |  | | | | |  |
| SANDISFIELD | |  | |  | |  | | | | |  |
| SAVOY | |  | |  | |  | | | | |  |
| SHEFFIELD | |  | |  | |  | | | | |  |
| SHELBURNE | |  | |  | |  | | | | |  |
| SHREWSBURY | |  | |  | |  | | | | |  |
| SHUTESBURY | |  | |  | |  | | | | |  |
| SOUTH HADLEY | |  | |  | |  | | | | |  |
| SOUTHAMPTON | |  | |  | |  | | | | |  |
| SOUTHBOROUGH | |  | |  | |  | | | | |  |
| SOUTHBRIDGE | |  | |  | |  | | | | |  |
| SOUTHWICK | |  | |  | |  | | | | |  |
| SPENCER | |  | |  | |  | | | | |  |
| SPRINGFIELD | |  | |  | |  | | | | |  |
| STOCKBRIDGE | |  | |  | |  | | | | |  |
| STURBRIDGE | |  | |  | |  | | | | |  |
| SUNDERLAND | |  | |  | |  | | | | |  |
| SUTTON | |  | |  | |  | | | | |  |
| TOLLAND | |  | |  | |  | | | | |  |
| TYRINGHAM | |  | |  | |  | | | | |  |
| UPTON | |  | |  | |  | | | | |  |
| UXBRIDGE | |  | |  | |  | | | | |  |
| WALES | |  | |  | |  | | | | |  |
| WARE | |  | |  | |  | | | | |  |
| WARREN | |  | |  | |  | | | | |  |
| WARWICK | |  | |  | |  | | | | |  |
| TAXI PRICE CHART – WESTERN MASSACHUSETTS HST 01 | | | | | | | | | | | |
| *Pickup fare includes pickup rate, and you may include loaded mileage in the pick-up fare.* | | | | | | | | | | | |
| PRIMARY PICK UP LOCATIONS | | PICK UP FARE | | PER MILE RATE | | MILEAGE INCLUDED IN PICK UP FARE | | | | | SHARED RIDE  PICK UP FARE |
| WASHINGTON | |  | |  | |  | | | | |  |
| WEBSTER | |  | |  | |  | | | | |  |
| WENDELL | |  | |  | |  | | | | |  |
| WESTBOYLSTON | |  | |  | |  | | | | |  |
| WEST BROOKFIELD | |  | |  | |  | | | | |  |
| WEST SPRINGFIELD | |  | |  | |  | | | | |  |
| WEST STOCKBRIDGE | |  | |  | |  | | | | |  |
| WESTBOROUGH | |  | |  | |  | | | | |  |
| WESTFIELD | |  | |  | |  | | | | |  |
| WESTHAMPTON | |  | |  | |  | | | | |  |
| WHATELY | |  | |  | |  | | | | |  |
| WILBRAHAM | |  | |  | |  | | | | |  |
| WILLIAMSBURG | |  | |  | |  | | | | |  |
| WILLIAMSTOWN | |  | |  | |  | | | | |  |
| WINDSOR | |  | |  | |  | | | | |  |
| WORCESTER | |  | |  | |  | | | | |  |
| WRENTHAM | |  | |  | |  | | | | |  |
|  | |  | |  | |  | | | | |  |
|  | |  | |  | |  | | | | |  |
| Provider Legal Business Name: | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **X** | | | | | | | |  |  | | | | |
| Signature of Provider or Authorized Representative | | |  | | | | |  | Date |  | | | |

| CHAIR CAR PRICE CHART – NORTHEASTERN MASSACHUSETTS HST 02 | | | | |
| --- | --- | --- | --- | --- |
| *Pick up fare includes pick up rate, and you may include loaded mileage in the pick-up fare* | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE | SHARED RIDE PICK UP FARE |
| ACTON |  |  |  |  |
| AMESBURY |  |  |  |  |
| ANDOVER |  |  |  |  |
| ARLINGTON |  |  |  |  |
| ASHBURNHAM |  |  |  |  |
| ASHBY |  |  |  |  |
| ASHLAND |  |  |  |  |
| AYER |  |  |  |  |
| BEDFORD |  |  |  |  |
| BELMONT |  |  |  |  |
| BEVERLY |  |  |  |  |
| BILLERICA |  |  |  |  |
| BOLTON |  |  |  |  |
| BOSTON |  |  |  |  |
| BOXBOROUGH |  |  |  |  |
| BOXFORD |  |  |  |  |
| BRAINTREE |  |  |  |  |
| BROOKLINE |  |  |  |  |
| BURLINGTON |  |  |  |  |
| CAMBRIDGE |  |  |  |  |
| CANTON |  |  |  |  |
| CARLISLE |  |  |  |  |
| CHELMSFORD |  |  |  |  |
| CHELSEA |  |  |  |  |
| COHASSET |  |  |  |  |
| CONCORD |  |  |  |  |
| DANVERS |  |  |  |  |
| DEDHAM |  |  |  |  |
| DOVER |  |  |  |  |
| DRACUT |  |  |  |  |
| DUNSTABLE |  |  |  |  |
| DUXBURY |  |  |  |  |
| ESSEX |  |  |  |  |
| EVERETT |  |  |  |  |
| FITCHBURG |  |  |  |  |
| FRAMINGHAM |  |  |  |  |
| GARDNER |  |  |  |  |
| GEORGETOWN |  |  |  |  |
| GLOUCESTER |  |  |  |  |
| GROTON |  |  |  |  |
| GROVELAND |  |  |  |  |
| HAMILTON |  |  |  |  |
| HANOVER |  |  |  |  |
| HARVARD |  |  |  |  |
| HAVERHILL |  |  |  |  |
| HINGHAM |  |  |  |  |
| HOLBROOK |  |  |  |  |
| HUBBARDSTON |  |  |  |  |
| HUDSON |  |  |  |  |
| HULL |  |  |  |  |
| IPSWICH |  |  |  |  |
| LANCASTER |  |  |  |  |
| LAWRENCE |  |  |  |  |
| LEOMINSTER |  |  |  |  |
| LEXINGTON |  |  |  |  |
| LINCOLN |  |  |  |  |
| LITTLETON |  |  |  |  |
| LOWELL |  |  |  |  |
| LUNENBURG |  |  |  |  |
| LYNN |  |  |  |  |
| LYNNFIELD |  |  |  |  |
| MALDEN |  |  |  |  |
| MANCHESTER |  |  |  |  |
| MARBLEHEAD |  |  |  |  |
| MARSHFIELD |  |  |  |  |
| MAYNARD |  |  |  |  |
| MEDFIELD |  |  |  |  |
| MEDFORD |  |  |  |  |
| MELROSE |  |  |  |  |
| MERRIMAC |  |  |  |  |
| METHUEN |  |  |  |  |
| MIDDLETON |  |  |  |  |
| MILLIS |  |  |  |  |
| MILTON |  |  |  |  |
| NAHANT |  |  |  |  |
| NATICK |  |  |  |  |
| NEEDHAM |  |  |  |  |
| NEWBURY |  |  |  |  |
| NEWBURYPORT |  |  |  |  |
| NEWTON |  |  |  |  |
| NORFOLK |  |  |  |  |
| NORTH ANDOVER |  |  |  |  |
| NORTH READING |  |  |  |  |
| NORWELL |  |  |  |  |
| NORWOOD |  |  |  |  |
| PEABODY |  |  |  |  |
| PEMBROKE |  |  |  |  |
| PEPPERELL |  |  |  |  |
| QUINCY |  |  |  |  |
| RANDOLPH |  |  |  |  |
| READING |  |  |  |  |
| REVERE |  |  |  |  |
| ROCKLAND |  |  |  |  |
| ROCKPORT |  |  |  |  |
| ROWLEY |  |  |  |  |
| ROYALSTON |  |  |  |  |
| SALEM |  |  |  |  |
| SALISBURY |  |  |  |  |
| SAUGUS |  |  |  |  |
| SCITUATE |  |  |  |  |
| SHARON |  |  |  |  |
| SHERBORN |  |  |  |  |
| SHIRLEY |  |  |  |  |
| SOMERVILLE |  |  |  |  |
| STERLING |  |  |  |  |
| STONEHAM |  |  |  |  |
| STOW |  |  |  |  |
| SUDBURY |  |  |  |  |
| SWAMPSCOTT |  |  |  |  |
| TEMPLETON |  |  |  |  |
| TEWKSBURY |  |  |  |  |
| TOPSFIELD |  |  |  |  |
| TOWNSEND |  |  |  |  |
| TYNGSBOROUGH |  |  |  |  |
| WAKEFIELD |  |  |  |  |
| WALPOLE |  |  |  |  |
| WALTHAM |  |  |  |  |
| WATERTOWN |  |  |  |  |
| WAYLAND |  |  |  |  |
| WELLESLEY |  |  |  |  |
| WENHAM |  |  |  |  |
| WEST NEWBURY |  |  |  |  |
| WESTFORD |  |  |  |  |
| WESTMINSTER |  |  |  |  |
| WESTON |  |  |  |  |
| WESTWOOD |  |  |  |  |
| WEYMOUTH |  |  |  |  |
| WILMINGTON |  |  |  |  |
| WINCHENDON |  |  |  |  |
| WINCHESTER |  |  |  |  |
| WINTHROP |  |  |  |  |
| WOBURN |  |  |  |  |

|  |  |  |  |  |
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| Provider Legal Business Name: |  | | | |
| X | |  |  | |
| Signature of Provider or Authorized Representative |  |  | Date |  |

| DIAL-A-RIDE PRICE CHART – NORTHEASTERN MASSACHUSETTS HST 02 | | | | |
| --- | --- | --- | --- | --- |
| *A minimum of 5 (five) loaded miles is required in the “mileage included in pick-up fare” rate column* | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE  (5 minimum) | SHARED RIDE PICK UP FARE |
| ACTON |  |  |  |  |
| AMESBURY |  |  |  |  |
| ANDOVER |  |  |  |  |
| ARLINGTON |  |  |  |  |
| ASHBURNHAM |  |  |  |  |
| ASHBY |  |  |  |  |
| ASHLAND |  |  |  |  |
| AYER |  |  |  |  |
| BEDFORD |  |  |  |  |
| BELMONT |  |  |  |  |
| BEVERLY |  |  |  |  |
| BILLERICA |  |  |  |  |
| BOLTON |  |  |  |  |
| BOSTON |  |  |  |  |
| BOXBOROUGH |  |  |  |  |
| BOXFORD |  |  |  |  |
| BRAINTREE |  |  |  |  |
| BROOKLINE |  |  |  |  |
| BURLINGTON |  |  |  |  |
| CAMBRIDGE |  |  |  |  |
| CANTON |  |  |  |  |
| CARLISLE |  |  |  |  |
| CHELMSFORD |  |  |  |  |
| CHELSEA |  |  |  |  |
| COHASSET |  |  |  |  |
| CONCORD |  |  |  |  |
| DANVERS |  |  |  |  |
| DEDHAM |  |  |  |  |
| DOVER |  |  |  |  |
| DRACUT |  |  |  |  |
| DUNSTABLE |  |  |  |  |
| DUXBURY |  |  |  |  |
| ESSEX |  |  |  |  |
| EVERETT |  |  |  |  |
| FITCHBURG |  |  |  |  |
| FRAMINGHAM |  |  |  |  |
| GARDNER |  |  |  |  |
| GEORGETOWN |  |  |  |  |
| GLOUCESTER |  |  |  |  |
| GROTON |  |  |  |  |
| GROVELAND |  |  |  |  |
| HAMILTON |  |  |  |  |
| HANOVER |  |  |  |  |
| HARVARD |  |  |  |  |
| HAVERHILL |  |  |  |  |
| HINGHAM |  |  |  |  |
| HOLBROOK |  |  |  |  |
| HUBBARDSTON |  |  |  |  |
| HUDSON |  |  |  |  |
| HULL |  |  |  |  |
| IPSWICH |  |  |  |  |
| LANCASTER |  |  |  |  |
| LAWRENCE |  |  |  |  |
| LEOMINSTER |  |  |  |  |
| LEXINGTON |  |  |  |  |
| LINCOLN |  |  |  |  |
| LITTLETON |  |  |  |  |
| LOWELL |  |  |  |  |
| LUNENBURG |  |  |  |  |
| LYNN |  |  |  |  |
| LYNNFIELD |  |  |  |  |
| MALDEN |  |  |  |  |
| MANCHESTER |  |  |  |  |
| MARBLEHEAD |  |  |  |  |
| MARSHFIELD |  |  |  |  |
| MAYNARD |  |  |  |  |
| MEDFIELD |  |  |  |  |
| MEDFORD |  |  |  |  |
| MELROSE |  |  |  |  |
| MERRIMAC |  |  |  |  |
| METHUEN |  |  |  |  |
| MIDDLETON |  |  |  |  |
| MILLIS |  |  |  |  |
| MILTON |  |  |  |  |
| NAHANT |  |  |  |  |
| NATICK |  |  |  |  |
| NEEDHAM |  |  |  |  |
| NEWBURY |  |  |  |  |
| NEWBURYPORT |  |  |  |  |
| NEWTON |  |  |  |  |
| NORFOLK |  |  |  |  |
| NORTH ANDOVER |  |  |  |  |
| NORTH READING |  |  |  |  |
| NORWELL |  |  |  |  |
| NORWOOD |  |  |  |  |
| PEABODY |  |  |  |  |
| PEMBROKE |  |  |  |  |
| PEPPERELL |  |  |  |  |
| QUINCY |  |  |  |  |
| RANDOLPH |  |  |  |  |
| READING |  |  |  |  |
| REVERE |  |  |  |  |
| ROCKLAND |  |  |  |  |
| ROCKPORT |  |  |  |  |
| ROWLEY |  |  |  |  |
| ROYALSTON |  |  |  |  |
| SALEM |  |  |  |  |
| SALISBURY |  |  |  |  |
| SAUGUS |  |  |  |  |
| SCITUATE |  |  |  |  |
| SHARON |  |  |  |  |
| SHERBORN |  |  |  |  |
| SHIRLEY |  |  |  |  |
| SOMERVILLE |  |  |  |  |
| STERLING |  |  |  |  |
| STONEHAM |  |  |  |  |
| STOW |  |  |  |  |
| SUDBURY |  |  |  |  |
| SWAMPSCOTT |  |  |  |  |
| TEMPLETON |  |  |  |  |
| TEWKSBURY |  |  |  |  |
| TOPSFIELD |  |  |  |  |
| TOWNSEND |  |  |  |  |
| TYNGSBOROUGH |  |  |  |  |
| WAKEFIELD |  |  |  |  |
| WALPOLE |  |  |  |  |
| WALTHAM |  |  |  |  |
| WATERTOWN |  |  |  |  |
| WAYLAND |  |  |  |  |
| WELLESLEY |  |  |  |  |
| WENHAM |  |  |  |  |
| WEST NEWBURY |  |  |  |  |
| WESTFORD |  |  |  |  |
| WESTMINSTER |  |  |  |  |
| WESTON |  |  |  |  |
| WESTWOOD |  |  |  |  |
| WEYMOUTH |  |  |  |  |
| WILMINGTON |  |  |  |  |
| WINCHENDON |  |  |  |  |
| WINCHESTER |  |  |  |  |
| WINTHROP |  |  |  |  |
| WOBURN |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Provider Legal Business Name: | ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| X | |  |  | |
| Signature of Provider or Authorized Representative |  |  | Date |  |

| TAXI PRICE CHART – NORTHEASTERN MASSACHUSETTS HST 02 | | | | |
| --- | --- | --- | --- | --- |
| *Pick up fare includes pick up rate, and you may include loaded mileage in the pick-up fare* | | | | |
| PRIMARY PICK UP LOCATIONS | PICK UP FARE | PER MILE RATE | MILEAGE INCLUDED IN PICK UP FARE | SHARED RIDE PICK UP FARE |
| ACTON |  |  |  |  |
| AMESBURY |  |  |  |  |
| ANDOVER |  |  |  |  |
| ARLINGTON |  |  |  |  |
| ASHBURNHAM |  |  |  |  |
| ASHBY |  |  |  |  |
| ASHLAND |  |  |  |  |
| AYER |  |  |  |  |
| BEDFORD |  |  |  |  |
| BELMONT |  |  |  |  |
| BEVERLY |  |  |  |  |
| BILLERICA |  |  |  |  |
| BOLTON |  |  |  |  |
| BOSTON |  |  |  |  |
| BOXBOROUGH |  |  |  |  |
| BOXFORD |  |  |  |  |
| BRAINTREE |  |  |  |  |
| BROOKLINE |  |  |  |  |
| BURLINGTON |  |  |  |  |
| CAMBRIDGE |  |  |  |  |
| CANTON |  |  |  |  |
| CARLISLE |  |  |  |  |
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| MARBLEHEAD |  |  |  |  |
| MARSHFIELD |  |  |  |  |
| MAYNARD |  |  |  |  |
| MEDFIELD |  |  |  |  |
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| NORFOLK |  |  |  |  |
| NORTH ANDOVER |  |  |  |  |
| NORTH READING |  |  |  |  |
| NORWELL |  |  |  |  |
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| PEABODY |  |  |  |  |
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| WAKEFIELD |  |  |  |  |
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| Provider Legal Business Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| X | |  |  | |
| Signature of Provider or Authorized Representative |  |  | Date |  |

**PROVIDER APPLICATION**

**TRANSPORTATION PROVIDER EMPLOYEE LOG**

(If multiple pages are required copy this form and label as page 49, a, b, c, etc.)

**Check all that apply.**

THIS ATTACHMENT MUST INCLUDE ANY AND ALL TRANSPORTATION PROVIDER EMPLOYEES HAVING ANY DIRECT CONTACT WITH OR ACCESS TO INFORMATION OF HST CONSUMERS. ALL CHANGES MADE DURING THE CONTRACT PERIOD MUST BE SUBMITTED TO MART IMMEDIATELY. LICENSE, RMV AND CORI MUST REMAIN CURRENT THROUGHOUT THE CONTRACT PERIOD.

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| **PROVIDER LEGAL BUSINESS NAME**: | | | | |
| **SUBMITTED BY:** | | | **DATE:** | |
|  |  |  |  |  |
| **Last Name** | **First Name** | **DOB**  **mm/dd/yyyy** | **License** | **State of License** |
| **Expiration** | **Origin** |
| **Date**  **mm/dd/yyyy** |  |
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**HST PROVIDER APPLICATION**

**TRANSPORTATION PROVIDER VEHICLE LOG**

(If multiple pages are required copy this form and label as page 50, a, b, c, etc.)

**Check all that apply.**

THIS ATTACHMENT MUST INCLUDE ANY AND ALL VEHICLES USED TO TRANSPORT HST CONSUMERS. ALL CHANGES MADE DURING THE CONTRACT PERIOD MUST BE SUBMITTED TO MART IMMEDIATELY. ALL VEHICLES MUST HAVE A VALID/PASSED INSPECTION STICKER, ACTIVE REGISTRATION AND INSURANCE AT ALL TIMES, AND MEET CONTRACT VEHICLE REQUIREMENTS. MINIMUM TWO VEHICLES REQUIRED.

|  |  |  |  |  |  |  |
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| **PROVIDER LEGAL BUSINESS NAME:** | | | | | **DATE:** | |
| **SUBMITTED BY:** | | | | | | |
| **Vehicle Year** | **Make** | **Model** | **Vehicle ID Number (VIN)** | **License Plate Number** | **Vehicle Type (sedan/suv/van/W/C)** | **Vehicle Capacity** |
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SECTION 6. ATTESTATIONS AND RELEASE OF INFORMATION

This application will become part of (and is incorporated by reference into) any subsequent HST contractual agreement between this provider and MART. This provider grants MART or the HST Office permission and consent to obtain and verify information contained in this application and its attachments for participation in HST, and grants consent for any person, organization, or other entity to release to MART, its agents, or the HST Office all information that may be reasonably relevant to an evaluation of the provider’s professional competence or its ability to provide services in a professional manner. The provider understands that participation in HST is dependent upon review of the material contained in and submitted with this application and successful qualification based in this information.

The provider certifies that the information in its application and its attachments is true, accurate, and complete. The provider further understands that any information entered in its application and attachments that subsequently is found to be false could result in the termination of any HST contractual agreement.

The person signing below warrants that he or she is an authorized representative of the provider and has the authority to sign on behalf of the provider. Accepted and agreed to:

Provider Legal Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed under the pains and penalties of perjury**:**

**X**

Signature of Provider or Authorized Representative Date

Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_\_\_\_\_\_\_\_