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MART Brokerage Application Instructions

User Guide for Completing the Company Profile

Prepared For: Montachusett Regional Transit Authority

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COMPLETING THE COMPANY PROFILE

You must complete your company profile before you can access the Transportation Provider Application

- 1. Go to the MART VMS and Sign in.
- 2. On the home page, you will see the Company Profile Section. Under this, click the **"Update Company Profile**" button.

| | MART HUMAN SERVICE TRANSPORTATION (HST) |
|-------------------------------------|---|
| VMS Vendor Portal | |
| Company Profile | |
| Company ABC | |
| Last updated on 10/04/2023 12:41 AM | |
| Update Company Profile | |

- 3. You will then be transferred to the "**Company Profile**" page that is divided into **six sections**:
 - 1. Organizational Information
 - 2. Address Information
 - 3. Provider Information
 - 4. Questions
 - 5. Review

STOCKED BY

6. Change History

| MART HUMAN SERVICE TRANSPORTATION (HS | | | | | PORTATION (HST) | |
|--|---|----------------------------|--------------|-------|-----------------|----------------------|
| COMPANY PRO | FILE | | | | | |
| 1. ORGANIZATIONAL INFORMATION | 2. ADDRESS INFORMATION | 3. PROVIDER INFORMATION | 4. QUESTIONS | 5. RE | VIEW | 6. CHANGE HISTORY |
| 1.1 PROVIDER INFORMA | TION | | | | | |
| Provider Legal Business | Provider Legal Business Name: Tax ID#: Are you a MassHealth provider? | | | | | |
| Autocene | | * | Yes 🖸 No | | | |
| List any "Doing Busines | s As" (DBA) names: | | | | | |
| | - | | | | | |
| Insert DBA Name | | | | | | |
| Identify the types of transportation you provide (Check all that apply): | | | | | | |
| Ambulatory (taxi, livery, van, sedan) | | | | | | |
| U Wheelchair van (Chair Car) | | | | | | |
| Ambulance | Ambulance | | | | | |

GENERAL NOTES ON COMPLETING YOUR COMPANY PROFILE

- Use the **Navigation bar** to navigate across the different sections of the Company Profile.
- Any fields marked with a red dashed box ^[2] or a red asterisk * are mandatory. To be able to move on to the next section, you must completely fill out all the mandatory fields.
- There are fields in Section 1 and 2 that are **pre-populated** based on the information you entered in the registration form.

Section 1:

- 1.1 Provider Legal Business Name
- 1.4 Current Owner's Name
- 1.4 Phone Number
- 1.4 Email Address

Section 2:

- 2.1 Contact Person Name
- 2.1 Email Address
- 2.1 Office Phone Number
- If you are unable to complete the mandatory fields on the section you are currently viewing, you can use the "Save as Draft" functionality to save your work. To do this, click the "Save as Draft" button at the bottom of the page.
 - The next time you click the "Update Company Profile", you will be presented with the following page:

| MART | MART HUMAN SERVICE TRANSPORTATION (HST) |
|--|---|
| COMPANY PROFILE | |
| You currently have an existing draft for your Company Profile. Click | the following link if you would like to continue editing the draft: |
| Click here to go to | your existing draft |
| If you would like to discard your draft a | nd start anew, click the button below: |
| Continue to Com | ipany Profile >> |

- If you would like to continue your draft, click the "Click here to go to your existing draft" link.
- If you would like to start from the beginning, click the "Continue to Company Profile >>" button.

IMPORTANT: Your changes to the company profile are not committed until you Submit it. This means any changes you made when you just save a draft will not show on other parts of the VMS platform where your Company Information is used, like in the Provider Application.

- If all the mandatory fields in the current section you are viewing are all filled in, you can submit to commit your changes. Click the **"Submit"** button at the bottom of the page to do this.
 - After submitting the completed Company Profile, you will see the following confirmation:

Thank you! Your form has been submitted. Please check you email for the submission confirmation.

- Shortly after submitting, you should receive a confirmation email about your Company Profile update submission
- The next time you update your profile, you should see a log of changes you made in your submission in Section 6 – Change History of your Company Profile

SECTION SPECIFIC INSTRUCTIONS IN COMPLETING YOUR COMPANY PROFILE

Section 1. Organizational Information

- 1.1 Provider Information
- 1.2 Legal Status / Classification of Organization
- 1.3 Supplier Diversity Office (SDO) Status
- 1.4 History of Ownership
- 1.5 Related Ownership
- If you select "Wheelchair van (Chair Car)" for the type of transportation, you
 will be asked if you have at least two (2) Wheelchair Vans. You must answer
 "Yes" to this question to be able to apply as a Wheelchair Van Service
 provider.

| Identify the types of transportation you provide (Check all that apply): | | | | | | | |
|---|-----------|--|--|--|--|--|--|
| Ambulatory (taxi, livery, van, sedan) | | | | | | | |
| ✓ Wheelchair van (Chair Car) Do you have at least two (2) Wheelchair Vans? ● Yes ○ No | | | | | | | |
| Ambulance | Ambulance | | | | | | |

• Complete all fields based on your **Organizational information**, and make sure all mandatory fields are filled up. Once done, click "**Continue**" to proceed in Section 2.

| COMPANY PROFILE 1.06GANIZATIONAL INFORMATION 2. ADDRESS INFORMATION 3. PROVIDER INFORMATION 4. QUESTIONS S. REVIEW 6. CHANCE HISTORY 11 PROVIDER INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION Provider Legal Business Name: Tai IDE: Are you a Massificability provider? INFORMATION Company ABC C. 23 vs. 53 vo. INFORMATION INFORMATION Insert DBA Name Insert DBA Name INFORMATION you provide (Check all that apply): INFORMATION you provide (Check all that apply): Insert DBA Name Intert DBA Name Intert DBA Name INFORMATION YOU provide (Check all that apply): Insert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Intert DBA Name Inter DBA Name Inter | MART | | | MART HUMAN | I SERVICE TRANS | PORTATION (HS |
|--|---|---|------------------------------|------------------------------|----------------------------|------------------------|
| 1. ORGANIZATIONAL INFORMATION 2. ADDRESS INFORMATION 3. PROVIDER INFORMATION 4. OUESTIONS 5. REVIEW 6. CHANGE HISTORY 2. PROVIDER INFORMATION Tax IDF: Are you a MassHealth provider? | COMPANY PRO | FILE | | | | |
| 1 PROVIDER INFORMATION Provider Legal Business Name: Tax ID#: Are you a MassHealth provider? Company ABC Istary "Doing Business As" (DBA) names: Insert DBA Name Identify the types of transportation you provide (Check all that apply): Ambulatory (tax), livery, van, sedan) Wheelchair van (Chair Car) Ambulatory Ambulatore Have you provided transportation for one or more HST Brokers within the last 5 years? Biver DBA Name Identify your legal entity type below: State your legal entity type below: Sindividual / Sole Proprietor or Single Member LLC State where business was established: Date Established: Provid (Jassified As: State where business was established: Describe the Labelity Company (LLC) Sole Proprietor or Single Member LLC State where business was established: Describe Doversity OFFICE (SDO) STATUS Is the business certified by the Massachusets Operational Services Division (OSD) Supplier Diversity Office (SDD)? Syse Syse Current Owner's Name: Percentage of Ownership: Date of ownership Describe business had other owners in the past 10 years? Syse Desc the business had other owneri | 1. ORGANIZATIONAL INFORMATION | 2. ADDRESS INFORMATION | 3. PROVIDER INFORMATION | 4. QUESTIONS | 5. REVIEW | 6. CHANGE HISTORY |
| Provider Legal Business Name: Company ABC List any "Doing Business As" (DBA) names: Insert DBA Name User DBA Name | .1 PROVIDER INFORMA | ATION | | | | |
| Company ABC • [3] Yes List any "Doing Business As" (DBA) names: Intert DBA Name Identify the types of transportation you provide (Check all that apply): Ambulatory (task, livery, van, sedan) Wheelchair van (Chair Car) Ambulatory (task, livery, van, sedan) Wheelchair van (Chair Car) Ambulatore Have you provided transportation for one or more HST Brokers within the last 5 years? 3 Yes 3 Yes 3 Yes 2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION Identify your legal entity type below: 3 Jumited Liability Company (LLC) 3 Jumited Liability Company (LLC) 3 Jumited Liability Company (LLC) 3 SupPLIER DVFRSITY OFFICE (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? 3 Yes 3 No 4 HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Email Address: Odecaacf@gmail.com Percentage of Ownership: Date of ownership Dest methouses have multiple current owner *** | Provider Legal Busines | s Name: | Tax ID#: | Are you a MassHealth pr | ovider? | |
| List any "Doing Business As" (DBA) names: Inster DBA Name dentify the types of transportation you provide (Check all that apply): Ambulatory (taki, livery, van, sedan) Wheelchair van (chair Car) Ambulance Have you provided transportation for one or more HST Brokers within the last 5 years? 3 Yes [] No Describe the area(s) of the State you wish to serve: 2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION Identify your legal entity type below: 3 Individual / Sole Proprietor or Single Member LLC 3 Individual / Sole Proprietor or Single Member LLC 3 Individual / Sole Proprietor or Single Member LLC 3 Profit 3 Supplier Diversity Office (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? 3 Yes [] No 4 HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Current Own | Company ABC | | * | 🖾 Yes 🖾 No | | |
| Insert DBA Name Identify the types of transportation you provide (Check all that apply): Ambulatory (taxi, livery, van, sedan) Wheelchair van (Chair Car) Ambulance Have you provided transportation for one or more HST Brokers within the last 5 years? See [] No Describe the area(s) of the State you wish to serve: LacaL STATUS / CLASSIFICATION OF ORGANIZATION Identify your legal entity type below: Sinduvidual / Sole Proprietor or Single Member LLC Sc Corporation So Corporation Parcentage Ause you provide date: State where business was established: Date Established: Date Established: Date Stablished: Date Established: Date Establ | List any "Doing Busine | ss As" (DBA) names: | | | | |
| Identify the types of transportation you provide (Check all that apply): Ambulatory (taxi, livery, van, sedan) Wheelchair van (Chair Car) Ambulance Have you provided transportation for one or more HST Brokers within the last 5 years? 3'res 3'res 3'no Describe the area(s) of the State you wish to serve: Identify your legal entity type below: 3'res 3'individual / Sole Proprietor or Single Member LLC 3'individual / Sole Proprietor Single Member Single S | Insert DBA Name | | | | | |
| Ambulatory (taxi, livery, van, sedan) Wheelchair van (Chair Car) Ambulance Have you provided transportation for one or more HST Brokers within the last 5 years? Syse S3No Describe the area(s) of the State you wish to serve: Lidentify your legal entity type below: 3 Individual / Sole Proprietor or Single Member LLC Sindividual / Sole Proprietor or Single Member LLC State where business was established: State where business business certified by the Massachusetts Operational Services Division (0SD) Supplier Diversity Office (SDO)? Syse S3No A HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Enail Address: State whis business had other owners in the past 10 years? Syse Syse Syse Status his business bad other owners in the past 10 years? Status his business had other owners in the past 10 years? Syse | Identify the types of tr | ansportation you provide (| Check all that apply): | | | |
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| Ambulance Have you provided transportation for one or more HST Brokers within the last 5 years? 3'Yes [3]No Describe the area(s) of the State you wish to serve: 2 2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION identify your legal entity type below: 3'Individual / Sole Proprietor or Single Member LLC [3]C Corporation [3]Partnership [3]Trust / Estate 3'United Uability Company (LLC) [3]Other Legally Classified As: State where business was established: Date Established: 3'Profit [3]Non-profit Image: mage: | 🗌 Wheelchair van (Ch | air Car) | | | | |
| Have you provided transportation for one or more HST Brokers within the last 5 years? 3'Yes []No Describe the area(s) of the State you wish to serve: 2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION Identify your legal entity type below: 3 Individual / Sole Proprietor or Single Member LLC []C Corporation []S Corporation []Partnership []Trust / Estate 3 United Liability Company (LC) []Other Legally Classified As: 3 United Liability Company (LC) []Other Legally Classified As: 3 Super LEGNUERSHIP OFFICE (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? 3 Yes []No 4 HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Email Address: odezaacfc@gmail.com Percentage of Ownership: Date of ownership Does the business have multiple current owner \$ s []No 4 HISTORY OF OWNERSHIP Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART? 3 Yes []No | Ambulance | | | | | |
| Describe the area(s) of the State you wish to serve: 2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION Identify your legal entity type below: 3 Individual / Sole Proprietor or Single Member LLC 3 Individual / Sole Proprietor or Single Member LLC 3 Umited Liability Company (LLC) 3 Other Legally Classified As: 3 State where business was established: 3 Profit 3 No 4 HISTORY OF OWNERSHIP Current Owner's Name: 9 Phone Number: 94 95 96 96 97 97 97 98 90 100 110 110 110 110 110 1110 | Have you provided trai | nsportation for one or mor | e HST Brokers within the la | ast 5 years? | | |
| Describe the area(s) of the State you wish to serve: | Ves Volume | | | | | |
| JLimited Liability Company (LLC) Content Legally Classified As: State where business was established: Date Established: Profit Innon-profit Innon-profit SUPPLIER DIVERSITY OFFICE (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Yes Innon-profit Yes No Phone Number: Email Address: Innon-profit Ode of ownership Date of ownership Does the business have multiple current owner Has this business had other owners in the past 10 years? Yes Yes No S RELATED OWNERSHIP Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART? Innon-profit <p< th=""><th>Identify your legal enti 🖸 Individual / Sole Pro</th><th>ty type below: oprietor or Single Member</th><th>LLC 🔀 C Corporat</th><th>tion 🌄 S Corporation</th><th>Partnership</th><th>🏹 Trust / Estate</th></p<> | Identify your legal enti 🖸 Individual / Sole Pro | ty type below: oprietor or Single Member | LLC 🔀 C Corporat | tion 🌄 S Corporation | Partnership | 🏹 Trust / Estate |
| Legally Classified As: State where business was established: Date Established: Profit Non-profit Image: Classified As: 3 SUPPLIER DIVERSITY OFFICE (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the Supplier Diversity Of OWNERSHIP Current Owner's Name: Phone Number: Email Address: Image: Operation of the Supplier Diversity Office (SDO)? Is this business had other owners in the past 10 years? If yes If yes Image: Supplier Diversity Office (SDO) Im | C Limited Liability Cor | mpany (LLC) | | Other | - | |
| Profit Non-profit | Legally Classified As: | | State where business wa | as established: | Date Established: | |
| 3 SUPPLIER DIVERSITY OFFICE (SDO) STATUS Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)? 4 HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Email Address: odezaacfc@gmail.com Percentage of Ownership: Date of ownership Dees the business have multiple current owner % @weak % | 🖸 Profit 🛛 🖾 Non-p | profit | * | ~ | | * 🖽 |
| 44 HISTORY OF OWNERSHIP Current Owner's Name: Phone Number: Email Address: Odezaacfc@gmail.com Percentage of Ownership: Date of ownership Does the business have multiple current owner 96 Image: Ownership Ownership 96 Image: Ownership No Has this business had other owners in the past 10 years? Yes No Sives Sives Sives Sives Sives Sives Sives Sives Sives Sives Sives Sives | 3 SUPPLIER DIVERSITY Is the business certifier | Y OFFICE (SDO) STATUS | perational Services Division |) (OSD) Supplier Diversity C | office (SDO)? | |
| Current Owner's Name: Phone Number: Email Address: Odezaacfc@gmail.com odezaacfc@gmail.com Percentage of Ownership: Date of ownership Does the business have multiple current owner % Image: Comparison of the past 10 years? Yes O No Has this business had other owners in the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? System Sector of the past 10 years? Image: Comparison of the past 10 years? < | 4 HISTORY OF OWNER | SHIP | | | | |
| Percentage of Ownership: Date of ownership 96 Image: Comparison of the business have multiple current owners of another passenger transportation business or previously contracted with MART? Image: Comparison of the business been owners or operators of another passenger transportation business or previously contracted with MART? | Current Owner's Name | 2: | Phone Number: | | Email Address: | |
| Percentage of Ownership: Date of ownership Does the business have multiple current ownership % Image: Constraint of the set o | | | | | odezaacfc@gmail.com | |
| % Has this business had other owners in the past 10 years? Yes S RELATED OWNERSHIP Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART? Yes No | Percentage of Owners | hip: | Date of ownership | | Does the business have | multiple current owner |
| Has this business had other owners in the past 10 years? Yes No S RELATED OWNERSHIP Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART? Yes No | | % | | | ○ Yes ○ No | |
| Image: Second | Has this business had o | other owners in the past 10 |) years? | | | |
| 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 | | | | | |
| Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART? | 5 RELATED OWNERSH | IP | | | | |
| 🖸 Yes 🛛 💭 No | Have any Principals of | this business been owners | or operators of another p | assenger transportation bu | isiness or previously cont | racted with MART? |
| | 🖓 Yes 🛛 No | | | | | |

Section 2. Address Information

2.1 Legal Business Address2.2 Physical Address (Service Site)2.3 Languages

Complete all fields based on your **Address Information**, and make sure all mandatory fields are filled up. Once done, click "**Continue**" to proceed in Section 3.

| MART | MART HUMAN SERVICE TRANSPORTATION (HS | | | | | | ATION (HST) |
|--|---------------------------------------|-----------------------------|---------------------|-------------------|--------------|------------------|----------------------|
| COMPANY PROFILE | | | | | | | |
| 1. ORGANIZATIONAL 2. AL INFORMATION INFOR | DRESS MATION | 3. PROVIDER INFORMATION | 4. QUESTIONS | 5. RE | /IEW | | 6. CHANGE HISTORY |
| 2.1 LEGAL BUSINESS ADDRESS | | | | | | | |
| Street Address: | P.O. Box: | | City: | | State: | | Zip: |
| * | | | | * | | * 🗸 | * |
| Contact Person Name: | E-mail Addr | ess: | Office Phone Number | : | Office Fax N | lumber: | |
| * | odezaacfv@ | ⊇gmail.com | 0000000 | | | | |
| 2.2 PHYSICAL ADDRESS (SERVICE SITE) | | | | | | | |
| A service site is a place where you d | ispatch transp | portation vehicles. | | | | | |
| Main Service Site Details: | | | | | | | |
| Same as above | | | 1 | | | | |
| Street Address: | P.O. Box: | | City: | | State: | | Zip: |
| * | | | | * | | * • | * 🗸 |
| Contact Person Name: | E-mail Addr | ess: | Office Phone Number | : | Office Fax N | fice Fax Number: | |
| * | | * | | * | | | |
| Location Type: | Does this sit | te provide 24-hour coverag | e? A | re there other Se | rvice Sites? | | |
| Select 🗸 | 🖾 Yes 🖾 | No | | Yes 📿 No | | | |
| 2.3 LANGUAGES | | | | | | | |
| Identify languages other than Englis | h that are spo | oken by your dispatchers an | d drivers: | | | | |
| | | | | | | | |
| Insert language | | | | | | | |
| Back | | | | | l | | Continue |

Section 3. Provider Information

- 3.1 Licensure / Certification Information
- 3.2 Former MassHealth Provider Numbers
- 3.3 Other Contracting Agreements

Complete all fields based on your **Provider Information**, and make sure all mandatory fields are filled up. Once done, click "Continue" to proceed in Section 4.

| MART | | | MART HUMAN SERVICE TRANSPORTATION (HST) | | | | |
|--|-------------------------------|-----------------------------------|---|-----------|----------------------|--|--|
| COMPANY PRO | FILE | | | | | | |
| 1. ORGANIZATIONAL INFORMATION | 2. ADDRESS INFORMATION | <u>3. PROVIDER</u> INFORMATION | 4. QUESTIONS | 5. REVIEW | 6. CHANGE HISTORY | | |
| 3.1 LICENSURE / CERTIFI | CATION INFORMATION | | | | | | |
| Are you licensed or cer | tified by any state or local | regulatory agency relative | to provision of transportat | ion? | | | |
| ⊖Yes ⊖No ⊖Un | known | | | | | | |
| Attach a copy of Article | es of Organization with all a | mendments below: | | | | | |
| Click here to attach a | file | | | | | | |
| 3.2 FORMER MASSHEAL | TH PROVIDER NUMBERS | | | | | | |
| Do you have former Ma | assHealth Provider Numbe | rs? | | | | | |
| ⊖ Yes ⊖ No | | | | | | | |
| 3.3 OTHER CONTRACTIN | G AGREEMENTS | | | | | | |
| Do you contract with a | ny of the following organiz | ations? (Check all that app | ily) | | | | |
| Nursing Facilities Day Habilitation Programs Adult Day Health Programs School systems / Head Start | | | | | ystems / Head Start | | |
| Other (e.g., hospitals or other state agency programs) | | | | | | | |
| Back | | | | | Continue | | |

Section 4. Questions

- 4.1 Questions about Licensure and Driving Privileges
- 4.2 Questions about Insurance Coverage and Claims
- 4.3 Miscellaneous Questions
- Answer each question by selecting **"Yes"** or **"No"**. If you answer **"Yes"** to a question, you are required to provide an explanation.

| 4.1 QUE | STIONS 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 |
| | Please explain: |
| | * |
| | |
| | |

• Once done, click "Continue" to proceed in Section 5.

| MART | | MART HUMAN SERVICE TRANSPORTATION (HST) | | | | | |
|---|--|---|---|---|----------------------------|--|--|
| COMPANY PROFILE | | | | | | | |
| 1. ORGANIZATIONAL INFORMATION | 2. ADDRESS INFORMATION | 3. PROVIDER INFORMATION | 4. QUESTIONS | 5. REVIEW | 6. CHANGE HISTORY | | |
| 4.1 QUESTIONS ABOUT L | ICENSURE AND DRIVING | PRIVILEGES | | | 1 | | |
| 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 relinquished (v | of any driver for your busi oluntarily or involuntarily), | ness, in any state, ever be within the last 5 years or a | en denied, limited, suspen are any proceedings pendi | ded, revoked, diminished, ng that may result in such | not renewed, or action? | | |
| 📿 Yes 📿 No | | | | | | | |
| 3. Have any forma | al complaints been filed ag | ainst the business with any | state licensing board? | | | | |
| 📿 Yes 📿 No | | | | | | | |
| 4.2 QUESTIONS ABOUT I | NSURANCE COVERAGE AN | ID CLAIMS | | | | | |
| 1. Has the busine | ss's auto liability insurance | coverage ever been termi | nated by action of an insur | ance company? | | | |
| 🖓 Yes 📿 No | | | | | | | |
| 2. Has the busine | ss's workers' compensation | n insurance coverage ever | been terminated by action | of an insurance company | ? | | |
| 🖓 Yes 🖉 No | | | | | | | |
| Have there been rules that are on the second second | n any legal proceedings or pen, pending, or closed w | claims against the busines ithin the past 10 years? | s, alleging negligence or fa | ilure to observe transport | ation or motor vehicle | | |
| 🖓 Yes 🖉 No | | | | | | | |
| 4.3 MISCELLANEOUS QU | ESTIONS | | | | | | |
| 1. Have any of the | e business's drivers ever be | en convicted of a speeding | g or traffic violation or othe | er motor vehicle offense? | | | |
| 🖓 Yes 🖓 No | | | | | | | |
| 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 | | | | | | | |
| Back Continue | | | | | | | |

Section 5. Review

- \circ $\,$ Use this section to check if you have completed all the mandatory fields for each section.
- Click the underlined section and subsection names to quickly navigate to the section that requires corrections.
- For sub-sections with completed mandatory fields, it will be marked as "Complete," as shown below:

| MART HUMAN SERVICE TRANSPORTATION (HST) | | | | | |
|---|---|------------------------------------|-----------------------------|---------------------------|-------------------------|
| COMPANY PRO | FILE | | | | |
| 1. ORGANIZATIONAL | 2. ADDRESS | 3. PROVIDER | 4. QUESTIONS | 5. REVIEW | 6. CHANGE |
| | INFORMATION | INFORMATION | | | HISTORY |
| S. REVIEW You are required to cor mandatory information | mplete your company profi n of your profile is complet | ile before you can access th e. | e Provider Application. Ple | ase use the information b | elow to ensure that the |
| SECTION 1 - ORGANIZ | ZATIONAL INFORMATION | | | | |
| 1.1 PROVIDE | R INFORMATION | | | | |
| Complete | | | | | |
| 1.2 LEAL STAT | TUS / CLASSIFICATION OF | DRGANIZATION | | | |
| Complete | | | | | |
| 1.3 SUPPLIER | DIVERSITY OFFICE (SDO) | <u>STATUS</u> | | | |
| Complete | | | | | |
| 1.4 HISTORY | OF OWNERSHIP | | | | |
| Complete | | | | | |
| 1.4 RELATED | OWNERSHIP | | | | |
| Complete | | | | | |
| SECTION 2 - ADDRESS | S INFORMATION | | | | |
| 2.1 LEGAL BU | ISINESS ADDRESS | | | | |
| Complete | | | | | |
| 2.2 PHYSICAL | ADDRESS (SERVICE SITE) | | | | |
| Complete | | | | | |
| SECTION 4 - QUESTIO | <u>INS</u> | | | | |
| 4.1 QUESTIO | NS ABOUT LICENSURE ANI | D DRIVING PRIVILEGES | | | |
| Complete | | | | | |
| 4.2 QUESTIO | NS ABOUT INSURANCE CO | VERAGE AND CLAIMS | | | |
| Complete | | | | | |
| 4.3 MISCELLA | ANEOUS QUESTIONS | | | | |
| Complete | | | | | |
| | | | | | |
| Back | | | | | Continue |

Section 6. Change History

- Use this section to review the changes made to your Company Profile. By default, it lists the most recent changes first.
- If you are looking for a specific change that was made to your profile, you can use the Date Range filter and/or the Keyword filter. Once you enter the filter that you would like to apply, click the "Search" button. To reset your filters, click the "Clear" button
- To send the completed Company Profile, click "Submit".



MART HUMAN SERVICE TRANSPORTATION (HST)

| COMPANY PROFILE | | | | | | | |
|--|------------|-----------------|-------------|--------------|-----------------------|------------------------------------|--|
| 1. ORGANIZATIONAL INFORMATION | 2. AD | DRESS MATION | 3. PROVIDER | 4. QUESTIONS | 5. REVIEW | <u>6. CHANGE</u> <u>HISTORY</u> | |
| 6.0 COMPANY PROFILE C | HANGE HIST | ORY | | | · | | |
| Search Filters: | | | | | | | |
| Date Range | | | | Keyword | | | |
| From: | | To: | | | Search | Clear | |
| 1 - 25 | of 32 | > | | | | | |
| Date | | Change Desc | ription | | | | |
| 10/05/2023 02:30 PM ET New Articles of Organization Uploaded: https://mart- dev.formverse5.com/AUTOCENESERVER_MART/WebApp/DownloadAttachment.aspx?attachmentId=093b5db5- 6792-4678-a96f-83c6d7b6e32c | | | | | | | |
| 10/05/2023 03:52 AM ET Updated Physical Address (Service Site) from Office - 88 Smith Road 888 Boston MA 88888-8888 to Office - 888 Smith Road 888 Boston MA 88888-8888 | | | | | -8888 to Office - 888 | | |
| 10/05/2023 03:52 AM ET Updated Legal Business Address from 88 Smith Road 888 Boston MA 88888-8888 to 888 Smith Road 888 Boston MA 88888-8888 | | | | | | | |

CONTACT INFORMATION

For any technical questions or issues regarding the MART VMS, please reach out to the following:

USA

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