

Frederick County Public Schools - Approved Commercial Carriers

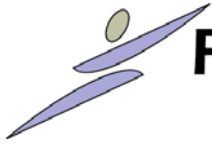
Schools must require a completed Contract Certification Form from the carrier prior to scheduling a trip. (Note: this form indicates that none of the persons who will provide services requiring direct contact with students have been convicted of a felony or any offenses involving the sexual molestation, physical or sexual abuse or rape of a child.) Schools should also confirm with purchasing that the certificate of insurance is current and does not expire prior to the end of the trip.

Competition is required if cost of the chartered services will exceed \$5,000. In these cases no less than three (3) quotes must be obtained.

Name	Address	Phone number
Crystal Classic Coach, Inc.	207 East Holly Ave. Suite 200, Sterling, VA 20164	571-434-7919
Quick Livick, Inc. & D&B Bus, Inc.	2309 Poplar Street, Staunton, VA 24401	800-572-4044
Richards Bus Lines, Inc.	311 Mechanic Street, Luray, VA 22835	540-743-4005
Schrock, Inc.	629 Main Street, Suite 6, Berlin, PA 15530	814-267-3566
Virginia Coach Company, Inc.	PO Box 883, Purcellville, VA 20134	540-668-6233

Completed forms are to be emailed to purchasing@fcpsk12.net.

Note: To use a vendor not listed above please contact, or have the vendor contact, purchasing at the above email address with the vendor name, address and a phone number so that the necessary documents can be obtained.



Frederick County Public Schools

... to ensure all students an excellent education

Finance Department

www.frederick.k12.va.us

CERTIFICATION OF CONTRACTOR

Full Name of Contractor: _____
Insert name of company or individual contractor

Description of Contract: _____

As required by Section 22.1-296.1 of the Code of Virginia, the undersigned hereby certifies that none of the persons who will provide services requiring direct contact with students on school property during school hours or during school-sponsored activities has been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child.

I further understand and acknowledge (1) that if I make a materially false statement regarding any of the above offenses, I will be guilty of a Class 1 misdemeanor and (2) that before any person is permitted to provide such services subsequent to this certification, I must complete a new certification regarding such person.

Signature: _____ **Date:** _____

Printed Name and Title of Person Making Certification

Address: _____

Phone: _____ **Fax:** _____

Email: _____