



miamidade.gov

Department of Transportation & Public Works

Passenger Transportation & Regulatory Division

Overtown Transit Village South

601 NW 1st Court, 18th Floor

Miami, Florida 33136

Tel (786) 469-2303 Fax (786) 469-2313

miamidade.gov/ForHireTransportation

PRIVATE SCHOOL BUS GENERAL VEHICLE REQUIREMENTS

The information provided below is to assist you in the inspection of a vehicle used to transport children. The requirements below were developed to Chapter 30, Section 30-11 of the Code of Miami Dade County.

Requirements:

Vehicles front driver and passenger side windows if tinted must comply with Florida Law. Front windows shall allow more than 28% of light in and rear windows must allow 6% light in. Front windshield shall not be tinted.

Vehicle Registration: Vehicles with temporary (paper) tags will be issued a one (1) month inspection decal after which time the vehicle must return to provide an updated vehicle registration/tag information. Upon meeting the requirements, a new inspection decal will be issued for the remaining inspection period. There is no cost for the follow-up inspection.

Insurance Requirements:

- Certificate of Insurance with minimum limits of liability of \$10,000 for bodily injury to any one pupil and \$5,000 multiplied by the rated seating capacity of the vehicle or \$100,000 whichever is greater. Certificates of Insurance shall only be accepted 30 days from the date issued. Progressive Insurance is not accepted by any company that transports children for compensation whether directly or indirectly.

The certificate of insurance must include the following:

- Policy number.
- Effective and expiration dates.
- A description (year, make, model and VIN#) of the vehicle(s) covered under the policy.
- Miami-Dade For-Hire Transportation, 601 NW 1st Court, 18th floor Miami, FL 33136 must be listed as a certificate holder. The certificate of insurance must provide a 30 days' notice of any material change or cancellation of the policy.

Note: You may also refer to certificate of insurance below for reference.

One first aid kit that includes the following items:

- 1-inch adhesive bandages (2 pkgs.)
- 40-inch triangular bandage with two safety pins (one)
- 4"x 4" sterile gauze pads (12" pads)
- 2-inch rolled curlex bandage six feet in length (2 rolls)
- 1-inch roll adhesive tape 2 ½ yards in length (one)
- Eye dressing packets (2 pkgs.)

Fire Extinguisher: One 2.5 lb. ABC rated fire extinguisher charged and certified by proper authorities. Black and yellow buses with seating capacity greater than 24 passengers require a 5 Lb. ABC rated fire extinguisher.

Name and phone number of the entity providing the transportation must be affixed to both "left and right side" of the vehicle. A sign with the words "Caution Transporting Children", in letters large enough to be seen from a reasonable distance of 50 feet and a minimum of 3" in height, on the rear of the bus. (Not required on black and yellow buses).

Inspection Fees: \$70.00 for the initial inspection and must arrive prior to 1:00 pm, \$38.00 for renewal inspection, \$20.00 additional charge for re-inspection for non-safety deficiencies and \$35.00 charge for re-inspection of safety related deficiencies.

For-Hire Inspection Station location and hours of operation: 2615 NW 10th Avenue, Miami, FL 33127, Monday Through Friday 7:30 am to 3:00 PM. Closed on Holidays.

For further information you may contact the For-hire Inspection Station Manager, Shiba Henry at (305) 638-6051 or by email at Shiba.Henry@miamidade.gov.



Child Safety Alarm Acknowledgement Affidavit

Be it acknowledged that I _____ of _____
(Name of Driver) **(Day Care Center Name)**

do hereby affirm that the below-describe vehicle will not transport any children on behalf of the Day Care Center in which custodial care is rendered to six or more children age five (5) or younger in Miami-Dade County, unless the below described vehicle passes an inspection by For-Hire Transportation that this vehicle is equipped with a child safety alarm device properly maintained in working order that prompts the driver to inspect the vehicle for children and passenger upon vehicle shut-off.

Private School Bus Number: _____ Vehicle Identification Number: _____

Chauffeur Registration Number: _____ Driver License Number: _____

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

Signature

Date

Example of a Child Safety Alarm



- BACKSEAT BABY REMINDER: Vehicle car alarm is automatically activated upon the rear door opening and closing. If the baby sits on the back seat and you ignored the sound, then after 40 seconds your car's horn automatically will alert you to check back seat. ****MUST BE PROFESSIONALLY INSTALLED****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Producer Name, Address	CONTACT NAME: Agent Name or Representative	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (305)000-000	E-MAIL ADDRESS: 123@ABC.com	
INSURED ABC123 School Bus, CO 123 SW 1 St Miami, FL 33333	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Co. Name		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			Policy Number	07/06/2023	07/06/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000.00
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2023 CHEVY VAN VIN#1a1a1a2a1212a1a21 15 PASS, Vehicle Owner: John Doe, Driver(s) : John Doe

CERTIFICATE HOLDER**CANCELLATION**

Passenger Transportation Regulatory Division 601 NW 1ST COURT, FLOOR 18 Miami, FL 33136	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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