

**Human Service Transportation**  
**MassHealth Transportation Program**

**Application Submission Checklist**

**Bidder Name:** \_\_\_\_\_

**Provider Application**

**One original (signed in BLUE ink):**

- Bidder Submission Checklist
- Non-Collusion Affidavit
- HST Provider Application Package, including Business Certification and Transportation Contracts List
- Copy of Organizational Information: (check applicable documents)
  - Corporation: Articles of Organization
  - OR**
  - Limited partnership: Limited partnership agreement
  - Limited partnership: Certificate of Legal Existence (Massachusetts) **or**
  - Limited partnership: Certificate of Foreign Registration (Non-Massachusetts)
  - OR**
  - General Partnership: Partnership agreement
  - OR**
  - Trust: Declaration of Trust
- Request for Taxpayer Identification Number and Certification (W-9 Form)
- SOMWBA Certification, if applicable
- Certification of Insurability (Vehicle and Worker's Compensation)
- Transportation Provider Performance Standards Acceptance Page
- Authorized Signature Verification Form
- Cost Proposal/Rate Quotes

**THE FULL PACKAGE MUST BE SUBMITTED TO:**

**MART**  
**100 MAIN STREET**  
**FITCHBURG, MA 01420**

**ATTN: MASSHEALTH TRANSPORTATION**  
**PROGRAM**