



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Cooper City  
 Name of Service Governmental Entity

<u>PO Box 290910</u>	<u>Cooper City</u>	<u>FL</u>	<u>33329</u>
Mailing Address	City	State	Zip Code

954-434-4300  
 Telephone

2. City of Cooper City coopercityhall@coopercityfl.org  
 Owner's Name Email Address

<u>PO Box 29010</u>	<u>Cooper City</u>	<u>FL</u>	<u>33329</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Mr. Bruce Loucks BLoucks@coopercityfl.org  
 General Manager/Contact Person Telephone Email Address

<u>954-434-4300</u>	
Telephone	Email Address

✓4. Date incorporated/formation of business association: 1959 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
The City Limits of Cooper City

6. Attach FCC license/communications contract: (Attachment # 2a & b )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Station 28 10550 Stirling Road, Cooper City FL 33026

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Bruce D. Louch  
Signature of Owner/Manager

City Manager  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of July, 20 17, by  
Bruce D Louchs (name of person making statement).



Jenna Lewis  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identified:

Type of Identification Produced:

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017 \_\_\_\_\_  
Date County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by City of Cooper City is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
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- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Coral Springs Fire Department  
 Name of Service Governmental Entity

2801 Coral Springs Drive	Coral Springs	FL	33065
Mailing Address	City	State	Zip Code
954-344-5934			
Telephone			

2. City of Coral Springs  
 Owner's Name Email Address

2801 Coral Springs Drive	Coral Springs	FL	33065
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Frank Babinec, Fire Chief 954-344-5934 fbabinec@coralsprings.org  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: July 10, 1963 (Attachment #         )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.) *List of city officials attached. Att # 1*

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
City of Coral Springs and through contract, the City of Parkland

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: See Attached List Att # 3

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 4 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 5 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form. Att # 6

11. Personnel information: Complete and attach appropriate form. Att # 7

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

Att # 8

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols. Att # 9

C. Class 2 and Class 3 - attach current interfacility transport protocols.

-Att # 10

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed). -Att # 11

All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 26<sup>th</sup> day of June, 20 17, by  
Frank Babinec (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

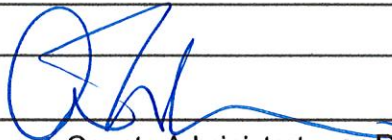
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is  
needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public  
Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by Coral Springs Fire Department is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner





Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Town of Davie Fire Rescue  
 Name of Service Governmental Entity

6901 Orange Drive	Davie	FL	33314
Mailing Address	City	State	Zip Code
954-797-1213			
Telephone			

2. Town of Davie (Attachment A)  
 Owner's Name Email Address

6591 Orange Drive	Davie	FL	33314
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. See Attachment A  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: September 1961 (Attachment # \_\_\_\_\_)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): MUNICIPAL BOUNDARIES  
TOWN OF DANIE.

6. Attach FCC license/communications contract: (Attachment # C )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: See Attachment D

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # E )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # F )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Julie Downey  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 28th day of June, 20 17, by  
Julie Downey (name of person making statement).



Maria G. Hall  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017 \_\_\_\_\_  
Date County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by Town of Davie Fire Rescue is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
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**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

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- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. **Fort Lauderdale Fire Rescue**

Name of Service Governmental Entity			
528 NW 2nd Street	Fort Lauderdale	FL	33311
Mailing Address	City	State	Zip Code
(954)-828-6800			
Telephone			

2. **Honorable Mayor and City Commissioners**

(See Attachment A)

Owner's Name		Email Address	
100 North Andrews Ave	Fort Lauderdale	FL	33301
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. **Robert F. Hoecherl**

Robert F. Hoecherl	954-828-6800	RHoecherl@FortLauderdale.gov
General Manager/Contact Person	Telephone	Email Address

4. Date incorporated/formation of business association: \_\_\_\_\_ (Attachment #  A  )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_

Refer to Attachment B

6. Attach FCC license/communications contract: (Attachment # C )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Refer to Attachment D

Substation: Refer to Attachment D

Substation: Refer to Attachment D

Substation: Refer to Attachment D

8. Financial Information: (Attachment # E )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # F )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form. Refer to Attachment G

11. Personnel information: Complete and attach appropriate form. Refer to Attachment H

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable): Refer to Attachment I

A. Attach contract with a medical director as provided by State Law, include copy of DEA license. Item A

B. Classes 1 and 4 - attach current medical treatment protocols. Item B

C. Class 2 and Class 3 - attach current interfacility transport protocols. Item C

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet. Item D

13. Attach schedule of rates for services rendered (new or proposed). Refer to Attachment J

All statements on this application and attachments are true and correct.

*[Handwritten Signature]*

Signature of Owner/Manager

*Fire Chief*

Title

STATE OF FLORIDA  
COUNTY OF

*Broward*

Sworn to (or affirmed) and subscribed before me this *21st* day of *July*, 20 *17*, by

*Robert F. Hoechere*

(name of person making statement).



ELIZABETH A. COHEN  
MY COMMISSION # FF 048475  
EXPIRES: December 25, 2017  
Bonded Thru Budget Notary Services

*Elizabeth A. Cohen*  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.







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 Trauma and EMS Section

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- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Lauderhill Fire Rescue Department  
 Name of Service Governmental Entity

1980 n.w 56th Avenue	Lauderhill	Fl.	33313
Mailing Address	City	State	Zip Code
954-730-2950			
Telephone			

2. Lauderhill Fire Rescue mceletti@lauderhill-fl.gov

Lauderhill Fire Rescue	mceletti@lauderhill-fl.gov
Owner's Name	Email Address
1980 n.w 56th Avenue	Lauderhill
Mailing Address	City
Fl.	33313
State	Zip Code

(Governmental Entity attach names of elected officials)

3. Marc Celetti

Marc Celetti		
General Manager/Contact Person	Telephone	Email Address

4. Date incorporated/formation of business association: June 20, 1959 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
City of Lauderhill

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 1980 NW 56th Avenue, Lauderhill, Fl. 33313 (Headquarters- St. 57)

Substation: 7801 NW 50th Avenue, Lauderhill, Fl. 33351 (Station 73)

Substation: 1181 NW 43rd Terrace, Lauderhill, Fl. 33313 (Station 30)

Substation: 3210 NW 31st Avenue, Lauderhill, Fl. 33311 (Station 110)

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

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NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

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B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Marc Celetti Marc Celetti Fire Chief  
Signature of Owner/Manager Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 10 day of July, 20 17, by  
Marc Celetti (name of person making statement).



Patricia Stevenson  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
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3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

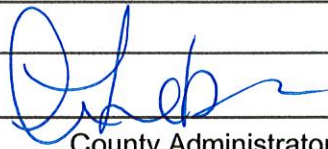
\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by City of Lauderhill Fire Rescue Department is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

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- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Village of Lazy Lake, FL  
 Name of Service Governmental Entity

2250 Lazy Lane	Lazy Lake	FL	33305
Mailing Address	City	State	Zip Code
954 604 4930			
Telephone			

CWhitePA@mac.com

2. Caroline White, Mayor  
 Owner's Name Email Address

<u>2250 LAZY LANE</u>	<u>LAZY LAKE</u>	<u>FL</u>	<u>33305</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

CWHITEPA@mac.com

3. Caroline White, Mayor 954-604-4930 om  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: June 3, 1953 (Attachment # A)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): SEE MAP ATTACHED  
"MAP"

6. Attach FCC license/communications contract: N/A (Attachment # n/a )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: n/a

Substation: n/a

Substation: n/a

Substation: n/a

8. Financial Information: (Attachment # B )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # C )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form. n/a

11. Personnel information: Complete and attach appropriate form. n/a

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable): n/a

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed). n/a

All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Mayor  
Title

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of July, 20 17, by  
CAROLINE WHITE (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified:

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS: n/a

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**


Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by Village of Lazy Lake, FL is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner





Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Lighthouse Point Fire Rescue  
Name of Service Governmental Entity

<u>3740 NE 22nd Avenue</u>	<u>Lighthouse Point</u>	<u>FL</u>	<u>33064</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

954-941-2624  
Telephone

2. Government Entity  
Owner's Name Email Address

<u>2200 NE 38 Street</u>	<u>Lighthouse Point</u>	<u>FL</u>	<u>33064</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. John Lavisky 954-943-6500 jlaviskyJunne@lighthous  
epoint.com

<small>General Manager/Contact Person</small>	<small>Telephone</small>	<small>Email Address</small>
---	--------------------------	------------------------------

4. Date incorporated/formation of business association: June 1956 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
US 1 east to the Intracoastal Waterway NE 24 Street to NE 54 Street

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 3740 NE 22 Avenue

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

City Administrator  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 21 day of July, 20 17, by John Lavistka (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: \_\_\_\_\_ OR Produced Identified: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is  
needed by the EMS Review Committee.

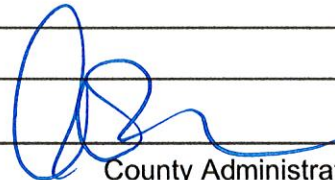
N/A  
Date

N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public  
Convenience and Necessity (COPCN).

8/8/2017  
Date



County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by City of Lighthouse Point Fire Rescue is hereby:

**Approved as Submitted:**

Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

Mayor, Broward County  
Board of County Commissioners

**Denied:**

Mayor, Broward County  
Board of County Commissioner



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. North Lauderdale Fire Rescue Department  
Name of Service Governmental Entity

<u>6151 Bailey Road</u>	<u>North Lauderdale</u>	<u>FL</u>	<u>33068</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

954-720-4315  
Telephone

2. Government Entity- see att #1  
Owner's Name

<u>6151 Bailey Road</u>	<u>North Lauderdale</u>	<u>FL</u>	<u>33068</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

rturpel@nlauderdale.org  
Email Address

(Governmental Entity attach names of elected officials)

3. Fire Chief Rodney Turpel  
General Manager/Contact Person

<u>954-720-4315</u>	<u>rturpel@nlauderdale.org</u>
<small>Telephone</small>	<small>Email Address</small>

4. Date incorporated/formation of business association: 1963 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): CITY OF NORTH LAUDERDALE BOUNDARIES  
5 sq miles- 42,000 + population

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 6151 Bailey Road North Lauderdale, FL 33068

Substation: 7700 Hamptons Blvd North Lauderdale, FL 33068

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

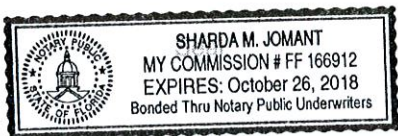
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2017, by  
Rodney Turpel (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

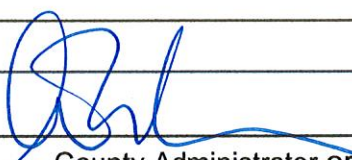
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

N/A N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by North Lauderdale Fire Rescue Department is hereby:

- Approved as Submitted:** Mayor, Broward County Board of County Commissioners
  
- Approved as Amended:** Mayor, Broward County Board of County Commissioners
  
- Denied:** Mayor, Broward County Board of County Commissioner





Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Parkland  
 Name of Service Governmental Entity

6600 University Drive	Parkland	FL	33067
Mailing Address	City	State	Zip Code
954-753-5040			
Telephone			

2. City of Parkland  
 Owner's Name Email Address

6600 University Drive	Parkland	FL	33067
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Bob Payton, City Manager 954-753-5040 bpayton@cityofparkland.org

General Manager/Contact Person	Telephone	Email Address
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4. Date incorporated/formation of business association: July 13, 1963 (Attachment # N/A )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
The City of Parkland, Florida

6. Attach FCC license/communications contract: (Attachment # 1 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Through Contract - See Attached List Attachment # 2

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form. Attachment # 5

11. Personnel information: Complete and attach appropriate form. Attachment # 6

NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license. Att # 7 & 8

B. Classes 1 and 4 - attach current medical treatment protocols. Att # 9

C. Class 2 and Class 3 - attach current interfacility transport protocols. Att

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet. Att

13. Attach schedule of rates for services rendered (new or proposed). Att # 11 # 10

All statements on this application and attachments are true and correct.

*[Handwritten Signature]*

Signature of Owner/Manager

Fire Chief

Title

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 29<sup>th</sup> day of June, 20 17, by

Robert Payton

(name of person making statement).



Jennifer Johnson  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF240504  
Expires 7/17/2019

*[Handwritten Signature]*  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.





### CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY OR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

#### CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Town of Pembroke Park  
Name of Service Governmental Entity

<u>3150 SW 52 Ave</u>	<u>Pembroke Park</u>	<u>FL</u>	<u>33023</u>
Mailing Address	City	State	Zip Code

954-966-4600  
Telephone

2. \_\_\_\_\_

Owner's Name	Email Address
--------------	---------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

(Governmental Entity attach names of elected officials)

3. Tom Wilde 954-966-4600 twilde@townofpembroke  
General Manager/Contact Person Telephone Email Address  
park.com

4. Date incorporated/formation of business association: 12/07/1957 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): Municipal borders of the Town of Pembroke Park

6. Attach FCC license/communications contract: (Attachment # N/A )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: BSO-Department of Fire Rescue 2601 W Broward Blvd, Ft. Lauderdale

Substation: BSO-Department of Fire Rescue Station 17; 2610 SW 40 Ave.

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 2 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 3 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Tom S. Wilde  
Signature of Owner/Manager

Asst Town Manager  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4 day of August, 20 17, by  
Tom S. Wilde (name of person making statement).



LUCIE MARIE MANZEROLLE  
Commission # 00102807  
Expires August 23, 2021  
Bonded Thru Budget Notary Services

[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

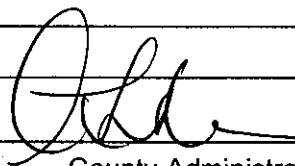
N/A  
Date

N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/25/2017  
Date



County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by Town of Pembroke Park is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner





Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Plantation Fire Department  
Name of Service Governmental Entity

<u>550 NW 65th Avenue</u>	<u>Plantation</u>	<u>FL</u>	<u>33317</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>954-797-2150</u>			
<small>Telephone</small>			

2. City of Plantation N/A

<small>Owner's Name</small>	<small>Email Address</small>
<u>400 NW 73rd Avenue</u>	<u>Plantation FL 33317</u>
<small>Mailing Address</small>	<small>City State Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Laney Stearns, Fire Chief 954-797-2150 lstearns@psd.plantation.org

<small>General Manager/Contact Person</small>	<small>Telephone</small>	<small>Email Address</small>
---	--------------------------	------------------------------

4. Date incorporated/formation of business association: August 1996 (Attachment # \_\_\_\_\_)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
City of Plantation as per Plantation Code of Ordinances Section 2. - Boundaries

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Attachment 1

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 1 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 3 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 22nd day of June, 20 17, by  
E. Laney Stearns (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: X OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

- ✓ 1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
- ✓ 2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00). 290 + 177 = 467.00
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

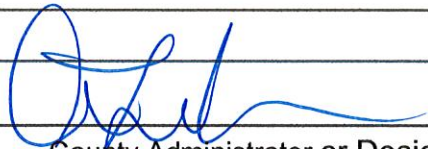
N/A  
Date

N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by City of Plantation Fire Department is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**



Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Seminole Tribe of Florida, Department of EMS  
 Name of Service Governmental Entity

<u>6300 Stirling Road</u>	<u>Hollywood</u>	<u>FL</u>	<u>33024</u>
Mailing Address	City	State	Zip Code

(863) 805-5450  
 Telephone

2. Seminole Tribe of Florida  
 Owner's Name

<u>6300 Stirling Road</u>	<u>Hollywood</u>	<u>FL</u>	<u>33024</u>
Mailing Address	City	State	Zip Code

Email Address

(Governmental Entity attach names of elected officials)

3. Donald DiPetrillo, Fire Chief/Director (954) 966-6300 x. 11611 DonaldDiPetrillo@semtribe.com  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 1957 (Attachment # 1 )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
Hollywood Reservation - Hollywood, FL; Big Cypress Reservation - Clewiston, FL
6. Attach FCC license/communications contract: (Attachment # 2 )
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):  
Main Station: Station 2 Big Cypress 30280 Josie Billie Highway, Clewiston, FL 33440  
Substation: Station 7 Brighton 600 East Harney Pond Road, Okeechobee, FL 34974  
Substation: Station 38 Immokalee 1110 South First Street, Immokalee, FL 34142  
Substation: Station 108 Hollywood 3105 North State Road 7, Hollywood, FL 33021
8. Financial Information: (Attachment # 3 )  
**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.  
**Governmental** - copy of budget sheet.
9. Insurance: (Attachment # 4 )  
Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.  
**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.  
**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.
10. Vehicle information: Complete and attach appropriate form. (Attachment #5)
11. Personnel information: Complete and attach appropriate form. (Attachment #6)  
**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.
12. All COPCN applicants (if applicable): (Attachments #7 - #11)  
A. Attach contract with a medical director as provided by State Law, include copy of DEA license.  
B. Classes 1 and 4 - attach current medical treatment protocols.  
C. Class 2 and Class 3 - attach current interfacility transport protocols.  
D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.
13. Attach schedule of rates for services rendered (new or proposed). (Attachment #12)

All statements on this application and attachments are true and correct.

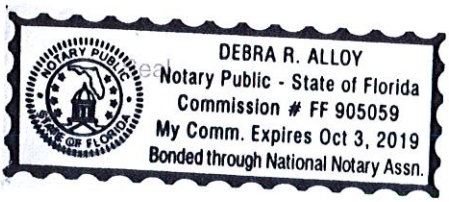
[Signature]  
Signature of Owner/Manager

File Chief Director  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of July, 20 17, by

personally know - Donald DiPetrillo (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

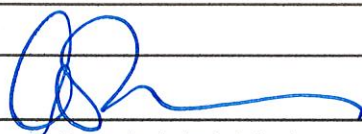
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by Seminole Tribe of Florida, Department of EMS is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner





Broward County
OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES
Trauma and EMS Section

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
OR
NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

- Checkboxes for application types: New, Renewal, Class 1 - ALS Rescue, Class 2 - ALS Transfer, Class 3 - BLS Transport, Class 4 - ALS Air Rescue, Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of Wilton Manors
Name of Service Governmental Entity
2020 Wilton Drive Wilton Manors Florida 33305
Mailing Address City State Zip Code
(954) 390-2180
Telephone

2. City of Wilton Manors
Owner's Name Email Address
2020 Wilton Drive Wilton Manors Florida 33305
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. Roberta Moore (954) 390-2188 rmoore@wiltonmanors.com
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: May 13, 1947 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
City of Wilton Manors; Population 12,446

6. Attach FCC license/communications contract: (Attachment # N/A )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 533 NE 22 Street, Wilton Manors, Florida 33305 Station 16

Substation: Reference attached Interlocal Agreement with the City of Ft Lauderdale

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 2 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 3 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Owner/Manager

City Manager  
\_\_\_\_\_  
Title

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of July, 20 17, by  
Leigh Ann Henderson (name of person making statement).



*[Handwritten Signature]*  
\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

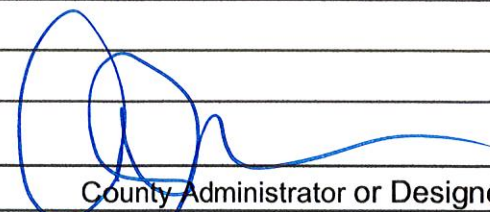
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/10/2017  
Date

  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by City of Wilton Manors is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner



Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. The City of Weston  
 Name of Service Governmental Entity

17200 Royal Palm Blvd	Weston	FL	33326
Mailing Address	City	State	Zip Code

(954) 385-2000  
 Telephone

2. N/A

Owner's Name	Email Address
Mailing Address	City
	State
	Zip Code

(Governmental Entity attach names of elected officials)

3. John R. Flint, City Manager (954) 385 2000 jflint@westonfl.org

General Manager/Contact Person	Telephone	Email Address
--------------------------------	-----------	---------------

4. Date incorporated/formation of business association: 1996 (Attachment # 1 )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
Corporate city limits of the City of Weston (see attached map) \_\_\_\_\_
6. Attach FCC license/communications contract: (Attachment # N/A )
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):  
Main Station: 17350 Royal Palm Blvd. Weston, FL 33326  
Substation: 951 Saddle Club Road, Weston, FL 33327  
Substation: 3955 Bonaventure Blvd. Weston, FL 33326  
Substation: \_\_\_\_\_
8. Financial Information: (Attachment # 2 )  
**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.  
**Governmental** - copy of budget sheet.
9. Insurance: (Attachment # 3 )  
Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.  
**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.  
**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.
10. Vehicle information: Complete and attach appropriate form.
11. Personnel information: Complete and attach appropriate form.  
NEMTS **PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.
12. All COPCN applicants (if applicable):  
A. Attach contract with a medical director as provided by State Law, include copy of DEA license.  
B. Classes 1 and 4 - attach current medical treatment protocols.  
C. Class 2 and Class 3 - attach current interfacility transport protocols.  
D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.
13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

*[Handwritten Signature]*

Signature of Owner/Manager

City Manager

Title

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of July, 20 17, by John R. Flint (name of person making statement).



*[Handwritten Signature]*

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified:

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3 1/2, Section 3 1/2-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

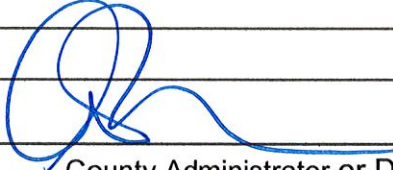
\_\_\_\_\_ N/A \_\_\_\_\_  
Date

\_\_\_\_\_ N/A \_\_\_\_\_  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

\_\_\_\_\_ 8/8/2017 \_\_\_\_\_  
Date

\_\_\_\_\_  \_\_\_\_\_  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by City of Weston is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**





Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. City of West Park  
 Name of Service Governmental Entity

<u>1965 South State Road 7</u>	<u>West Park</u>	<u>FL</u>	<u>33023</u>
Mailing Address	City	State	Zip Code

954-989-2688  
 Telephone

2. City of West Park  
 Owner's Name Email Address

<u>1965 South State Road 7</u>	<u>West Park</u>	<u>FL</u>	<u>33023</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. W. Ajibola Balogun 954-989-2688 abalogun@cityofwestpark.org  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: June 2004 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
The City Limits of the City of West Park

6. Attach FCC license/communications contract: (Attachment # N/A )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Station 27 - 2610 SW 40th Avenue, West Park, FL 33023

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 2 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 3 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

W. Abatog

Signature of Owner/Manager

City Manager

Title

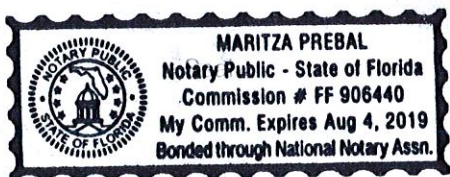
STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 20 day of July, 20 12, by

W. ABATOG

(name of person making statement).



[Signature]

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified:

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee (if required):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

N/A  
Date

N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

8/8/2017  
Date

[Signature]  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by City of West Park is hereby:

**Approved as Submitted:**

Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

Mayor, Broward County  
Board of County Commissioners

**Denied:**

Mayor, Broward County  
Board of County Commissioner