

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

СН	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVIC	E
	New	\mathbf{Z}	Renewal		
	Class 1 - ALS Rescue		Class 2 - ALS Transfe	r	
	Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
	Class 5 - Nonemergency I	Medical T	ransportation Service	(NEMTS)	
City of Coop	er City				
	Name of Serv	vice Govern	nmental Entity		
PO Box 290	910	Соор	er City	FL	33329
Mai	ling Address	City		State	Zip Code
954-434-430	00				
Tele	ephone				
City of Coop	er City		coopercityhall@c	oopercity	fl.org
Ow	ner's Name			Email Add	lress
PO Box 290	10	Coop	er City	FL	33329
Mai	ling Address	City	-	State	Zip Code
	(Governmental Entity	attach na	ames of elected official:	s)	
Mr. Bruce Lo	oucks		954-434-4300	BLo org	ucks@coopercityfl
Ger	neral Manager/Contact Person		Telephone	Ema	ail Address
Date incorpor	ated/formation of business	associatio	on: 1959	_ (Attach	ment # <u>1</u>
tach articles	of incorporation; names	and add	ress of shareholders	s along v	with number

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service	e (be specific):		
	The City Limits of Cooper City			
, 6.	Attach FCC license/communications of	contract: (Attachment # 2a & b)		
∨7.	Address of present/proposed main st substations):	ation and any substations (attach list if more than three (3)		
	Main Station: Station 28 10550 Stirling	g Road, Cooper City FL 33026		
	Substation:			
	Substation:			
	Substation:			
√8.	Financial Information:	(Attachment # 3)		
	Non-governmental - provide a financi Section 33.11.g.	ial statement as listed in Broward County Administrative Code		
	Governmental - copy of budget shee	t.		
ூ9.	Insurance:	(Attachment # 4)		
	Provide copies of Certificates of Insura 3½ - 17(a)(1), Broward County Code	ance - Non-governmental - Identified in Chapter 3½, Section of Ordinances.		
	Governmental - refer to section Chap	oter 3½ - 17(c), Broward County Code of Ordinances.		
	NEW - must provide proof of ability to Ordinances for service requested.	comply with Chapter 3½ - 17(a)(2), Broward County Code of		
10.	D. Vehicle information: Complete and att	ach appropriate form.		
11.	Personnel information: Complete and attach appropriate form.			
		quired training information pursuant to Broward County g, for each driver listed on form B-2.		
12.	2. All COPCN applicants (if applicable):			
	A. Attach contract with a medical dire	ctor as provided by State Law, include copy of DEA license.		
	B. Classes 1 and 4 - attach current m	edical treatment protocols.		
	C. Class 2 and Class 3 - attach currer	nt interfacility transport protocols.		
	D. Identify staffing patterns and opera	ational hours for each state permitted vehicle in your fleet.		
/13.	3. Attach schedule of rates for services	rendered (new or proposed).		

(Rev. 9/15) ME201557914

7 in statements on this application and atte	torritorito are true and correct.	
Signature of Owner/Manager	City Manager Title	
STATE OF FLORIDA COUNTY OF Brownel		
Sworn to (or affirmed) and subscribed before me		, 20 <u> </u>
Proce D Faced?	(name of person	on making statement).
JENNA L. LEWIS MY COMMISSION #GG037618 EXPIRES: OCT 11, 2020 Bended through 1st State Insurance	(Signature of Notary Public (Print, Type, or Stamp Commissioned Notary Public Personally Known) OR Produced to	lame of Notary Public)
	Type of Identification Produced:	

All statements on this application and attachments are true and correct

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.

- 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).
- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/ADate	N/AChair, EMS Review Committee
Recommendation/comments of County Administr Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
	\bigcap
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:	A STATE OF THE STA
	Mayor, Broward County Board of County Commissioners
Denied:	
20111041	



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

	СНІ	ECK TYPE OF APPLICATION	N FOR	CLASSIFICATION OF	SERVIC	E
		New	\checkmark	Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
		Class 5 - Nonemergency M	Medical T	ransportation Service	(NEMTS)	
1.	Coral Spring	s Fire Department				
		Name of Servi	ce Govern	nmental Entity		
	2801 Coral S			Springs	FL	33065
	Mail	ling Address	City		State	Zip Code
	954-344-593	4				
	Tele	phone				
2.	City of Coral	Springs				
	Owr	ner's Name			Email Add	Iress
	2801 Coral S	Springs Drive	Coral	Springs	FL	33065
	Mail	ling Address	City		State	Zip Code
		(Governmental Entity a	attach na	ames of elected official	s)	
3.	Frank Babine	ec, Fire Chief		954-344-5934	fbab rg	oinec@coralsprings.o
	Gen	neral Manager/Contact Person		Telephone	Ema	ail Address
4.		ated/formation of business a			,	ment #)
(At	ach articles (of incorporation; names a	and add	ress of shareholders	s along v	with number of

Page 1 of 3

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 #)				
7.	Address of present/proposed main station and any substations (attach list if more than three (3) substations):				
	Main Station: See Attached List AH # 3				
	Substation:				
	Substation:				
	Substation:				
8.	Financial Information: (Attachment #)				
	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 #)				
	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 Ordinar					
	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. A++ #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):				
	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. A++++9				
	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.				
	Attach schedule of rates for services rendered (new or proposed). — A++++++ Page 2 of 3				

Fire Chief Signature of Owner/Manager Title STATE OF FLORIDA COUNTY OF ______SCOWO Sworn to (or affirmed) and subscribed before me this _____ day of ___ (name of person making statement). ROBIN B. MACDONALD Notary Public - State of Florida (Signature of Notary Public - State of Florida) My Comm. Expires Sep 23, 2018 (Print, Type, or Stamp Commissioned Name of Notary Public) Commission # FF 127768 OR Produced Identified: Personally Known: Type of Identification Produced:_

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

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.

- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	rere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - 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:	•
, pprotou do Guamiliou.	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

CH	IECK TYPE OF APPLICATI	ION FOR	CLASSIFICATION (OF SERVIC	E
	New	\mathbf{Z}	Renewal		
\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Trans	sfer	
	Class 3 - BLS Transport		Class 4 - ALS Air R	lescue	
	Class 5 - Nonemergency	Medical 1	ransportation Servic	e (NEMTS)	
Town of Da	vie Fire Rescue				
	Name of Ser	vice Gover	nmental Entity		
6901 Orang	je Drive	Davie		FL	33314
Ma	ailing Address	City		State	Zip Code
954-797-12	13				
Te	lephone				
Town of Do	via (Attachment A)				
	vie (Attachment A) vner's Name			Email Add	Iress
6591 Orang		Davie		FL	33314
	ailing Address	City		State	Zip Code
	(Governmental Entity	vattach na	ames of elected offic	ials)	
See Attachi	ment A				
Ge	eneral Manager/Contact Person		Telephone	Em	ail Address
Date incorpo	rated/formation of business	associatio	on: September 1961	(Attach	ment #
	of incorporation; names			ers along	with numb

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service (be specific): MUNICAPAC BOUNDACICS
	YOUN OF DAVIE.
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 $3\frac{1}{2}$ - $17(a)(2)$, 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).

talu De	Fire Chief
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me this	s <u>28th</u> day of <u>Yune</u> , 20 <u>17</u> ,
Julie Danney	(name of person making statemer
Seal #FF 033260	Maria J. Hall (Signature of Notary/Public - State of Florida
As Bonced Was all the Soliday Dallar Lines	(Print, Type, or Stamp Commissioned Name of Notary Pub
SEIC STATEMEN	Personally Known:OR Produced Identified:
	Type of Identification Produced:

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

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.

- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	ere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - 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:	
Approved as Amended:	
Approved as Amended: Denied:	Board of County Commissioners Mayor, 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

	СН	ECK TYPE OF APPLICATI	ON FOR	CLASSIFICATION (OF SERVICE	-
		New		Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Tran	sfer	
		Class 3 - BLS Transport		Class 4 - ALS Air F	Rescue	
		Class 5 - Nonemergency	Medical 1	ransportation Service	ce (NEMTS)	
1.	Fort Lauderd	dale Fire Rescue				
		Name of Ser	vice Gover	nmental Entity		
	528 NW 2nd	Street	Fort L	auderdale	FL	33311
	Mai	ling Address	City		State	Zip Code
	(954)-828-68	300				
	Tele	ephone				
2.	Honorable M	layor and City Commission	ers	(See Attachme	ent A)	
		ner's Name			Email Add	ress
	100 North A	ndrews Ave	Fort L	_auderdale	FL	33301
	Mai	ling Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected offic	cials)	
3.	Robert F. Ho	pecherl		954-828-686		echerl@Fort derdale.gov
.	Gei	neral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpor	ated/formation of business	associati	on;	(Attachm	ent # <u>A</u>)
•	tach articles standing share	of incorporation; names	and add	lress of sharehold	lers along v	with number of

5.	Geographic area requesting to service (be specific):				
	Refer to Attachment B				
6.	Attach FCC license/communications contra	act: (Attachment # C)			
7.	Address of present/proposed main station substations):	and any substations (attach list if more than three (3)			
	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 comport Ordinances for service requested.	ply with Chapter 3½ - 17(a)(2), Broward County Code of			
10). Vehicle information: Complete and attach a	appropriate form. Refer to Attachment G			
11	. Personnel information: Complete and attac	ch appropriate form. Refer to Attachment H			
	NEMTS PROVIDE copies of all require Administrative Code Section 33.15.g, fo	ed training information pursuant to Broward County reach driver listed on form B-2.			
12	2. All COPCN applicants (if applicable): Refe	r to Attachment I			
	A. Attach contract with a medical director as provided by State Law, include copy of DEA license.Item				
	B. Classes 1 and 4 - attach current medica	al treatment protocols. Item B			
	C. Class 2 and Class 3 - attach current into	erfacility transport protocols. Item C			
	D. Identify staffing patterns and operationa	al 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 attachm	ents are true and correct.
Jat A Jul	Fine Chief
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF DIOWALL	
Sworn to (or affirmed) and subscribed before me this	$\frac{26+}{2}$ day of $\frac{20}{2}$, by $\frac{20}{2}$, how $\frac{20}{2}$,
ELIZABETH A. COHEN MY COMMISSION # FF 048475 EXPIRES: December 25, 2017	(Signature of Notary Public - State of Florida)
Bonded Thru Budget Notary Services	(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.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administ Staff recommends renewal of said applicant for a Class 1	rator: I - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
88201 Date	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN by Fort Lauderdale Fire Rescue	submitted is hereby:
Approved as Submitted:	
Approved as Amended:	Mayor, Broward County Board of County Commissioners
Denied:	Mayor, Broward County Board of County Commissioners
Demed.	Mayor, Broward County Board of County Commissioner



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

New Class 1 - ALS Rescue Class 3 - BLS Transport Class 5 - Nonemergency Nerhill Fire Rescue Departme Name of Serv h Avenue ing Address	nt	nmental Entity	Rescue		
Class 3 - BLS Transport Class 5 - Nonemergency Merhill Fire Rescue Departme Name of Serv	Medical T nt ice Govern	Class 4 - ALS Air I	Rescue		
Class 5 - Nonemergency Nonemerg	Medical T nt ice Govern	ransportation Servi			
erhill Fire Rescue Departme Name of Serv h Avenue	nt ice Goverr	nmental Entity	ce (NEMTS)		
Name of Serv h Avenue	ice Goverr	•			
h Avenue		•			
	Laude				
ing Address		erhill	FI.	33313	
ing Address	City		State	Zip Code	
954-730-2950					
phone					
Lauderhill Fire Rescue			mceletti@lauderhill-fl.gov		
Owner's Name		Email Addre		Iress	
1980 n.w 56th Avenue		erhill	Fl.	33313	
ing Address	City		State	Zip Code	
(Governmental Entity a	attach na	umes of elected offic	cials)		
General Manager/Contact Person		Telephone	Ema	ail Address	
ited/formation of business a	ssociatic	on: June 20, 1959	(Attach	ment # <u>1</u>	
	e Rescue her's Name h Avenue ing Address (Governmental Entity a	e Rescue ler's Name h Avenue Laude ling Address City (Governmental Entity attach na eral Manager/Contact Person lited/formation of business association	mceletti@laud e Rescue h Avenue ing Address (Governmental Entity attach names of elected office eral Manager/Contact Person Telephone atted/formation of business association: June 20, 1959	mceletti@lauderhill-fl.gov e Rescue eer's Name Email Add h Avenue Lauderhill Fl. ing Address City State (Governmental Entity attach names of elected officials) eral Manager/Contact Person Telephone Email	

outstanding shares.)

5.	Geographic area requesting to service (be specific):
	City of Lauderhil
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 $3\frac{1}{2}$ - $17(a)(2)$, 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 atta	achments are true and correct.
Signature of Owner/Manager	Fire Chief Title
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me	this 10 day of July , 20 17, by
Place Celeti	(name of person making statement).
Seal Patricia Stevenson	(Signature of Notary Public - State of Florida)
NOTARY PUBLIC STATE OF FLORIDA Comm# FF099262 Expires 3/6/2018	(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.

- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
8/8/2017	Hebr
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:	-
Approved de dubinitéed.	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
	Mayor, Broward County Board of County Commissioners
Denied:	
Domou.	Mayor, Broward County Board of County Commissioner



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

	СНІ	ECKTYPE OF APPLI	CATION FOR	CLASSIFICATIO	N OF SERVIC	E
		New		Renewal		
	\	Class 1 - ALS Rescu	е	Class 2 - ALS Tr	ansfer	
		Class 3 - BLS Transp	oort \square	Class 4 - ALS A	ir Rescue	
		Class 5 - Nonemerge	ency Medical T	ransportation Ser	vice (NEMTS))
1.	Village of Laz		of Comics Consum			
		Name (of Service Govern	nmental Entity		
	2250 Lazy La		Lazy	Lake	FL	33305
	Mail	ling Address	City		State	Zip Code
	954 604 493	0				
	Tele	ephone				
				CWhitePA@	mac.com	
2.	Caroline White , Mayor					
	Owner's Name			Email Address		dress
	2250 L	AZYLANE	LAZYLI	9KE	19-	33305
		ling Address	City		State	Zip Code
		(Governmental E	Entity attach na	ames of elected o	fficials)	
		9 1 25 25 04 04 500000			Market Colonial Colon	VHITEPA@mac.c
3.	Caroline White, Mayor			954-604-4	1930 om	1
	Ger	neral Manager/Contact Per	son	Telephone	Em	ail Address
4.	Date incorpora	ated/formation of busir	ness associatio	on: June 3,1	953 (Attach	nment #_A)
(At	tach articles	of incorporation; na	mes and add	lress of shareho	olders along	with number of

outstanding shares.)

5.	Geographic area requesting to service (be specific): See Map Attacta				
6.	Attach FCC license/communications contract: N A (Attachment #)				
7.	Address of present/proposed main station and any substations (attach list if more than three (3) substations):				
	Main Station:				
	Main Station:				
	Substation:				
	Substation:				
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 #)				
	Provide copies of Certificates of Insurance - Non-governmental - Identified in Chapter $3\frac{1}{2}$, Section $3\frac{1}{2}$ - $17(a)(1)$, 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 $3\frac{1}{2}$ - $17(a)(2)$, Broward County Code of Ordinances for service requested.				
10.	Vehicle information: Complete and attach appropriate form. n/α				
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).				

(Rev. 9/15) ME201557914

All statements on this application and attach	ments are true and correct.
Signature of Owner/Manager	Mayor Title
STATE OF FLOBIDA COUNTY OF BROWARD	
	27th day of July , 20 17, by
CAROLINE WHITE	(name of person making statement).
MELISSA AUGUSTIN Commission # FF 220017	(Signature of Notary Public) State of Florida)
Expires April 20, 2019 Bonded Thru Troy Fain Insurance 800-385-7019	(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:

na

- 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.

- 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.
- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/A Date	N/AChair, EMS Review Committee
Recommendation/comments of County Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
8/8/2017	the of
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:	
т грено на очинители	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
Approved as Amenaea.	Mayor, Broward County
	Board of County Commissioners
Denied:	Movey Proving County
	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	ON FOR	CLASSIFICATION OF	SERVIC	E		
□ Ne	w	\mathbf{V}	Renewal				
☑ Cla	iss 1 - ALS Rescue		Class 2 - ALS Transfe	er			
☐ Cla	ass 3 - BLS Transport		Class 4 - ALS Air Res	scue			
☐ Cla	ass 5 - Nonemergency N	√ledical T	ransportation Service	(NEMTS)			
City of Lighthous	City of Lighthouse Point Fire Rescue						
	Name of Serv	ice Govern	nmental Entity				
3740 NE 22nd Avenue		Lighthouse Point		FL	33064		
Mailing A	Address	City		State	Zip Code		
954-941-2624							
Telephon	ne						
Government Entity							
Owner's Name				Email Add	ress		
2200 NE 38 Streeet		Lighth	Lighthouse Point		33064		
Mailing A	Address	City		State	Zip Code		
	(Governmental Entity	attach na	ames of elected official	s)			
John Lavisky	954-943-6500	jlaviskyJunne@lighthoo)() epoint.com					
General	Manager/Contact Person		Telephone	Ema	ail Address		
Date incorporated/	formation of business a	associatio	on: June 1956	(Attach	ment # <u>1</u>		
tach articles of ir	ncorporation; names	and add	ress of shareholders	s along w	vith number		

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5.	Geographic area requesting to service (be s	pecific):
	US 1 east to the Intracoastal Waterway NE	24 Street to NE 54 Street
6.	Attach FCC license/communications contract	ct: (Attachment # 2)
7.	Address of present/proposed main station a substations):	and any substations (attach list if more than three (3)
	Main Station: 3740 NE 22 Avenue	
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information:	(Attachment # 3)
	Non-governmental - provide a financial stat Section 33.11.g.	ement as listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance:	(Attachment # 4)
	Provide copies of Certificates of Insurance - 3½ - 17(a)(1), Broward County Code of Ord	Non-governmental - Identified in Chapter 3½, Section inances.
	Governmental - refer to section Chapter 37	2 - 17(c), Broward County Code of Ordinances.
	NEW - must provide proof of ability to comport Ordinances for service requested.	y with Chapter 3½ - 17(a)(2), Broward County Code of
10.	Vehicle information: Complete and attach ap	ppropriate form.
11.	Personnel information: Complete and attach	appropriate form.
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for	training information pursuant to Broward County 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 inter	facility 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).

(Rev. 9/15) ME201557914

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

Dhu Del	City Administrator
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF	
COUNTY OF	
Sworn to (or affirmed) and subscribed before me this	21 day of July , 20 17, by
John Lax saykunny	(name of person making statement).
* HET 986098	(Signature of Notary Public - State of Florida)
#FF 986096	(Print, Type, or Stamp Commissioned Name of Notary Public)
OBLIC STATE OF LITTLE	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.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/A Date	N/AChair, EMS Review Committee
Recommendation/comments of County Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
8 8 20 7 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 Amended:	Mayor, Broward County Board of County Commissioners
Approved as Amended: Denied:	Mayor, Broward County Board of County Commissioners
23mou.	Mayor, Broward County Board of County Commissioner



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

	СНІ	ECKTYPE OF APPLICATION	ON FOR	CLASSIFICATION	OF SERVICI	E	
		New		Renewal			
		Class 1 - ALS Rescue		Class 2 - ALS Tran	sfer		
		Class 3 - BLS Transport		Class 4 - ALS Air F	Rescue		
		Class 5 - Nonemergency	Medical T	ransportation Service	e (NEMTS)		
1.	North Laude	rdale Fire Rescue Departme		omoutal Fatible			
		Name of Serv		nmental Entity			
	6151 Bailey			Lauderdale	FL	33068	
	Mai	ling Address	City		State	Zip Code	
	954-720-431	5					
	Tele	ephone					
2.	Government	Entity- see att #1		rturpel@nlaud	erdale.org		
۷.	Owner's Name				Email Add	lress	
	6151 Bailey	Road	North	Lauderdale	FL	33068	
	Mai	ling Address	City		State	Zip Code	
		(Governmental Entity	attach na	ames of elected offic	ials)		
	E' Obief D	- da Tropa al		054 700 40	•	pel@nlauderdale.org	
3.		odney Turpel neral Manager/Contact Person		954-720-431 Telephone		ail Address	-
4.		ated/formation of business	associati	,		ment # <u>1</u>	_)
	tach articles standing share	of incorporation; names es.)	and add	Iress of sharehold	ers along v	with number (of

Page 1 of 3

5.	Geographic area requesting to service (be specific): CTY of NORTH LAUSERSALE POUNDARIES				
	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).

(Rev. 9/15) ME201557914

()	Fire Chief
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me the	is <u>20th</u> day of <u>June</u> , 2017,
01 -	(name of person making statemen
SHARDA M. JOMANT MY COMMISSION # FF 166912	(Signature of Notary Public - State of Florida)
EXPIRES: October 26, 2018 Bonded Thru Notary Public Underwriters	(Print, Type, or Stamp Commissioned Name of Notary Publ
"Minus	Personally Known:OR Produced Identified:
	Type of Identification Produced:

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

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.

- 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).
- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	ere 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 Administr Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
882017	1261
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:	
търристом не симинист	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
Approved as America.	Mayor, Broward County
	Board of County Commissioners
Denied:	
Doillou.	Mayor, Broward County
	Board of County Commissioner



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

СН	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVIC	E
	New	\square	Renewal		
\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
	Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
	Class 5 - Nonemergency M	/ledical T	ransportation Service	(NEMTS)
City of Parkla	and				
	Name of Serv	ice Goveri	nmental Entity		
6600 Univers	sity Drive	Parkla	and	FL	33067
Mai	ling Address	City		State	Zip Code
954-753-504	0				
Tele	phone				
City of Parkla	and				
Owi	ner's Name			Email Ad	dress
6600 Univers	sity Drive	Parkla	and	FL	33067
Mai	ling Address	City		State	Zip Code
	(Governmental Entity a	attach na	ames of elected officials	s)	
Bob Payton,	City Manager		954-753-5040	b p a org	ayton@cityofparkland I
Ger	eral Manager/Contact Person	-	Telephone	Em	ail Address
Date incorpora	ated/formation of business a	ssociatio	on: July 13, 1963	_ (Attach	nment # 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 #)
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 #)
	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 #)
	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.
	B. Classes 1 and 4 - attach current medical treatment protocols. Att # 9
	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. Att
	Attach schedule of rates for services rendered (new or proposed). #### 10

All statements on this application and attac	hments are true and correct.
Jour Ger	Fire Chief
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Broward Sworn to (or affirmed) and subscribed before me the Robert Payfon	is 29h day of fune (name of person making statement).
Jennifer Johnson NOTARY PUBLIC STATE OF FLORIDA Comm# FF240504 Expires 7/17/2019	(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.

- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
NIA	NIA
N/A Date	N/A Chair, EMS Review Committee
December defice / comments of County Administra	
Recommendation/comments of County Administration Staff recommends renewal of said applicant for a Class 1	- ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1	
882017	(MA)
[/] Date	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	submitted
by City of Parkland	is hereby:
Approved as Submitted:	
Approvou do Guarrittour	Marray Browned County
	Mayor, Broward County
	Mayor, Broward County Board of County Commissioners
Annual de Annual de	
Approved as Amended:	Board of County Commissioners
Approved as Amended:	Board of County Commissioners Mayor, Broward County
Approved as Amended:	Board of County Commissioners
Approved as Amended: Denied:	Board of County Commissioners Mayor, Broward County Board of County Commissioners
	Board of County Commissioners Mayor, 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

	СН	ECKTYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVIC	E
		New	\mathbf{Z}	Renewal		
	Ø	Class 1 - ALS Rescue		Class 2 - ALS Transfe	r	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	cue	
		Class 5 - Nonemergency I	Medical T	ransportation Service ((NEMTS)	
Town	of Pen	nbroke Park				
		Name of Serv	ice Govern	nmental Entity		
3150	SW 52	Ave	Pemb	roke Park	FL	33023
	Mai	ling Address	City		State	Zip Code
954-9	66-460	0				
·-	Tele	phone				
•			٠			
	Owr	ner's Name			Email Add	ress
<u></u>	Mail	ing Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected officials	s)	
Tom	Vilde			954-966-4600		le@townofpembroke com
	Gen	eral Manager/Contact Person		Telephone	Ema	ail Address
. Date in	corpora	ated/formation of business a	ssociatic	on: 12/07/1957	_ (Attach	ment #_1
			and add	ress of shareholders		والمسامين والمائن

Page 1 of 3

additional pages may be added as needed

5.	Geographic area requesting to service (be specific): Exhibit 2, Page 42 of 60					
	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.					
	Attach schedule of rates for services rendered (new or proposed). Page 2 of 3					

ments are true and correct. Exhibit 2, Page 43 of 60
Hist Jour Manager
= <u>'</u> day of <u>August</u> , 20 17, by
(name of person making statement)
(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.

- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	vere 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 Administ Staff recommends renewal of said applicant for a Class 1	rator:
Convenience and Necessity (COPCN).	
<u> 7000017</u>	
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:	•
Approved de Cabillition.	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



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

	CHI	ECK TYPE OF APPLICATION)N FOR	CLASSIFICATION OF	SERVIC	E
		New	\square	Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
		Class 5 - Nonemergency N	/ledical T	ransportation Service	(NEMTS)	
City o	of Planta	ation Fire Department				
		Name of Servi	ce Govern	nmental Entity		
550 N	IW 65th	n Avenue	Planta	ation	FL	33317
	Mail	ling Address	City		State	Zip Code
954-7	97-215	60				
	Tele	phone				······································
. City o	of Planta	ation		N/A		
·		ner's Name			Email Add	ress
400 N	IW 73rd	d Avenue	Planta	ation	FL	33317
	Mai	ling Address	City		State	Zip Code
		(Governmental Entity a	attach na	ames of elected officials	s)	
3. Laney	y Stearr	ns, Fire Chief		954-797-2150	Istea org	arns@psd.plantation.
	Gen	neral Manager/Contact Person		Telephone	Ema	ail Address
i. Date in	corpora	ated/formation of business a	ssociatio	on: August 1996	_ (Attach	ment #
Attach ar	ticles o	of incorporation: names a	and add	lress of shareholders	s along v	vith number (

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5.	Geographic area requesting to service (be s	pecific):
	City of Plantation as per Plantation Code of	Ordinances Section 2 Boundaries
6.	Attach FCC license/communications contrac	t: (Attachment # 2)
7.	Address of present/proposed main station a substations):	and any substations (attach list if more than three (3)
	Main Station: Attachment 1	
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information:	(Attachment # 1)
	Non-governmental - provide a financial state Section 33.11.g.	ement as listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance:	(Attachment # 3
	Provide copies of Certificates of Insurance - I 3½ - 17(a)(1), Broward County Code of Ordi	Non-governmental - Identified in Chapter 3½, Section nances.
	Governmental - refer to section Chapter 31/2	e - 17(c), Broward County Code of Ordinances.
	NEW - must provide proof of ability to comply Ordinances for service requested.	y with Chapter 3½ - 17(a)(2), Broward County Code of
10.	Vehicle information: Complete and attach ap	propriate form.
11.	Personnel information: Complete and attach	appropriate form.
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for a	training information pursuant to Broward County 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 inter	facility transport protocols.
	D. Identify staffing patterns and operational	hours for each state permitted vehicle in your fleet.

Page 2 of 3

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

All statements on this application and attachments are true and correct.				
9/X X				
Signature of Owner/Manager		Title Chie		
STATE OF FLORIDA COUNTY OF				
Sworn to (or affirmed) and subscribed before me	this and day of _	June , 20 1, by		
E. Laney Steams		(name of person making statement).		
LARY PUR				
CARY BLANCHARD * MY COMMISSION # FF 237402		(Signature of Notary Public - State of Florida)		
EXPIRES: June 27, 2019 Bonded Thru Budget Notary Services	(Print, Type,	or Stamp Commissioned Name of Notary Public)		
	Personally Known	OR Produced Identified:		
	Type of I	dentification Produced:		
Additional requirements for New applican	ts:			
Non-governmental and NEMTS:				
 Minimum of three (3) letters of reference (business or personal). 	erence mailed/ema	ailed to the Trauma Management Agency		
Completed local and state crimina director. (INTERNET BACKGROUP		s for each owner, manager, officer and/or NOT ACCEPTABLE.)		
3. Preceding five years business exp	erience.			
All applicants:				
 Return signed, notarized application made payable to the Broward Cour 		cation fee of \$581.00 as of October 1, 2016, Commissioners.		
2. Renewal applicants NOTE: COP separately (as of October 1, 2015 fees will be \$59.00).	5 COPCN/License	fees will be \$290.00 and Vehicle permit		
3. Non-governmental and NEMTS:	provide a copy of	County and Municipal Business Tax Re- ing proposed business office location in		

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	vere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/ADate	N/A_ Chair, EMS Review Committee
Recommendation/comments of County Administ Staff recommends renewal of said applicant for a Class 1	rator: I - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
882017	
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 Amended:	Mayor, Broward County Board of County Commissioners
Denied:	Mayor, Broward County Board of County Commissioners
	Mayor, Broward County Board of County Commissioner



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

	СН	ECK TYPE OF APPLICATION	N FOR	CLASSIFICATION OF	F SERVICI	E
		New	$ \mathbf{\nabla} $	Renewal		
		Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Re	scue	
		Class 5 - Nonemergency N	1edical T	ransportation Service	(NEMTS)	
1.	Seminole Tr	ibe of Florida, Department of				
		Name of Servi	ce Goverr	nmental Entity		
	6300 Stirling	Road	Hollyv	vood	FL	33024
	Mai	ling Address	City		State	Zip Code
	(863) 805-54	1 50				
	• Tele	ephone				
2.	Seminole Tr	ibe of Florida				
	Ow	ner's Name			Email Add	ress
	6300 Stirling	Road	Hollyv	vood	FL	33024
	Mai	ling Address	City		State	Zip Code
		(Governmental Entity a	attach na	umes of elected officia	ıls)	
3.	Donald DiPe	etrillo, Fire Chief/Director	(954	i) 966-6300 x. 11611	DonaldDiPet	rillo@semtribe.com
	Ger	neral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpora	ated/formation of business a	ssociatio	on: 1957	(Attach	ment # <u>1</u>
(Att	tach articles	of incorporation; names a	and add	ress of shareholder	rs along v	vith number o

Page 1 of 3 additional pages may be added as needed

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.					
	Attach schedule of rates for services rendered (new or proposed). (Attachment #12) 9/15) ME201557914 Page 2 of 3					

Signature of Owner/Manager STATE OF FLORIC COUNTY OF _ Sworn to (or affirmed) and subscribed before me this name of person making statement). DEBRA R. ALLOY Public - State of Florida) e of Notary Notary Public - State of Florida Commission # FF 905059 (Print, Type, or Stamp Commissioned Name of Notary Public) My Comm. Expires Oct 3, 2019 Bonded through National Notary Assn OR Produced Identified: _____ Type of Identification Produced:

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

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.

- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	vere 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 Administr Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
	\sim
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:	



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

	CHI	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION (OF SERVICE	
		New		Renewal		•
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Trans	sfer	
		Class 3 - BLS Transport		Class 4 - ALS Air F	Rescue	
		Class 5 - Nonemergency	Medical T	ransportation Servic	e (NEMTS)	
	City of Wilton	n Manors				
		Name of Serv	vice Goverr	nmental Entity		
	2020 Wilton	Drive	Wiltor	n Manors	Florida	33305
	Mai	ling Address	City		State	Zip Code
	(954) 390-21	180				
	Tele	ephone				
<u>.</u> .	City of Wilton	n Manors				
	Ow	ner's Name			Email Addre	ess
	2020 Wilton	Drive	Wilton	n Manors	Florida	33305
	Mai	ling Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected offic	ials)	
3.	Roberta Mod	ore		(954) 390-2°		re@wiltonmanors.c
, .	Ger	neral Manager/Contact Person		Telephone		l Address
1.	Date incorpor	ated/formation of business	associatio	on: May 13, 1947	(Attachm	nent # <u>1</u>
•	ach articles standing share	of incorporation; names	and add	lress of sharehold	ers along w	ith number o

Page 1 of 3

5.	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 ar substations):	ny substations (attach list if more than three (3)	
	Main Station: 533 NE 22 Street, Wilton Manors, F	lorida 33305 Station 16	
	Substation: Reference attached Interlocal Agreer	nent with the City of Ft Lauderdale	
	Substation:		
	Substation:		
8.	. Financial Information: (Atta	ichment # 2)	
Non-governmental - provide a financial statement as listed in Broward County Administra Section 33.11.g.			
	Governmental - copy of budget sheet.		
9.	. Insurance: (Atta	achment # <u>3</u>)	
	Provide copies of Certificates of Insurance - Non-ç 3½ - 17(a)(1), Broward County Code of Ordinance		
	Governmental - refer to section Chapter 3½ - 17	c), Broward County Code of Ordinances.	
	NEW - must provide proof of ability to comply with Ordinances for service requested.	Chapter 3½ - 17(a)(2), Broward County Code of	
10.	0. Vehicle information: Complete and attach appropr	iate form.	
11.	1. Personnel information: Complete and attach appre	opriate form.	
	NEMTS PROVIDE copies of all required train Administrative Code Section 33.15.g, for each	,	
12.	2. All COPCN applicants (if applicable):		
	A. Attach contract with a medical director as provi	ded by State Law, include copy of DEA license.	
	B. Classes 1 and 4 - attach current medical treatr	nent protocols.	
	C. Class 2 and Class 3 - attach current interfacility	y transport protocols.	
	D. Identify staffing patterns and operational hours	for each state permitted vehicle in your fleet.	

Page 2 of 3

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

All statements on this application and attach	iments are true and correct.
	City Manager
Signature of Owner/Mahager	Title
STATE OF FLORIDA COUNTY OF ROWARD	
Sworn to (or affirmed) and subscribed before me this	3 27 day of July , 20 17, by
Leigh Ann Henderson	(name of person making statement).
JOHNNIE GOODNIGHT MY COMMISSION # FF 095958 EXPIRES: February 25, 2018 Bonded Thru Notary Public Underwriters	(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.

- 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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/A	NI/A
Date	N/A Chair, EMS Review Committee
Recommendation/comments of County Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	\wedge
3/10/2017	
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



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

	HECK TYPE OF	APPLICATION	N FOR	CLASSIFICATION OF	SERVIC	E
	New		$ \mathbf{Z} $	Renewal		
V	Class 1 - ALS	3 Rescue		Class 2 - ALS Transfer	r	
	Class 3 - BLS	3 Transport		Class 4 - ALS Air Res	cue	
	Class 5 - Nor	emergency Me	edical T	ransportation Service (NEMTS)	
The City of	f Weston					
		Name of Servic	e Govern	nmental Entity		
17200 Rov	/al Palm Blvd		Westo	on	FL	33326
	Mailing Address		City	<u> </u>	State	Zip Code
(954) 385-	2000					
To	elephone					
N/A						
Owner's Name				Email Address		
С	owners name					
	Mailing Address		City		State	Zip Code
	Mailing Address	nental Entity at	•	ames of elected officials		Zip Code
M	Mailing Address	-	•	ames of elected officials (954) 385 2000	s)	Zip Code @westonfl.org
M John R. Fli	Mailing Address (Governn	•	•		S) jflint	·

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	t: (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. West	Main Station: 17350 Royal Palm Blvd. Weston, FL 33326				
	Substation: 951 Saddle Club Road, Westor	, FL 33327				
	Substation: 3955 Bonaventure Blvd. Westo	n, FL 33326				
	Substation:					
8.	Financial Information:	(Attachment # 2)				
	Non-governmental - provide a financial statement as listed in Broward County Administrative 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, Si 3½ - 17(a)(1), Broward County Code of Ordinances.						
	Governmental - refer to section Chapter 31/2	2 - 17(c), Broward County Code of Ordinances.				
	NEW - must provide proof of ability to compl Ordinances for service requested.	y with Chapter 3½ - 17(a)(2), Broward County Code of				
10.	Vehicle information: Complete and attach ap	propriate form.				
11.	1. Personnel information: Complete and attach appropriate form.					
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for	training information pursuant to Broward County 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 inter	facility transport protocols.				
	D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.					

Page 2 of 3

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

All statements on this application and attac	nments are true a	nd correc	l.
Huff		City Mar	nager
Signature of Owner/Manager		Title	
STATE OF FLORIDA COUNTY OF Broward		0 1	
Sworn to (or affirmed) and subscribed before me this	isday of	July	, 20 , by _ (name of person making statement).
GINA L LANDRY Notary Public – State of Florida Commission # GG 110133 My Comm. Expires May 31, 2021 Bonded through National Notary Asso.	(Print, Type, Personally Known:	(Signatur or Stamp (Planking Te of Notary Public - State of Florida) Commissioned Name of Notary Public) OR Produced Identified:
	Type of Id	dentification	n 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.

- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	ere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1	/())
882017	
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



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 AP	PLICATION FOR	CLASSIFICATION O	F SERVICI	E
	□ New	\square	Renewal		
	☑ Class 1 - ALS Re	escue	Class 2 - ALS Trans	fer	
	☐ Class 3 - BLS Tra	ansport \Box	Class 4 - ALS Air Re	escue	
	☐ Class 5 - Nonem	ergency Medical 1	ransportation Service	∍ (NEMTS)	
1.	City of West Park				
	Na	ame of Service Gover	nmental Entity		
	1965 South State Road 7	West	Park	FL	33023
	Mailing Address	City		State	Zip Code
	954-989-2688				
	Telephone		***************************************		#*-b
2.	City of West Park				
	Owner's Name			Email Add	Iress
	1965 South State Road 7	West	Park	FL	33023
	Mailing Address	City		State	Zip Code
	(Governmen	tal Entity attach na	ames of elected offici	als)	
3.	W. Ajibola Balogun		954-989-268		logun@cityofwestpar g
Ψ.	General Manager/Contac	t Person	Telephone	Ema	ail Address
4.	Date incorporated/formation of b	ousiness associati	on: June 2004	(Attach	ment # <u>1</u>
•	ttach articles of incorporation; tstanding shares.)	names and add	iress of shareholde	ers along v	with number c

Page 1 of 3 additional pages may be added as needed

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.	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.		

Page 2 of 3

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

All statements on this application and attachme	ents are true and correct.	
Signature of Owner/Manager	City Manager Title	
STATE OF FLORIDA COUNTY OF TROWARD		
Sworn to (or affirmed) and subscribed before me this	20 day of 3344	, 20 <u>1</u> , by
W. AJEBOLA PORLOGIAL	(name of person r	naking statement).
MARITZA PREBAL Notary Public - State of Florida Commission # FF 906440 My Comm. Expires Aug 4, 2019 Bonded through National Notary Assn. Additional requirements for New applicants:	(Signature of Notary Public - (Print, Type, or Stamp Commissioned Name Personally Known: OR Produced Identification Produced:	e of Notary Public)
Non-governmental and NEMTS:		
 Minimum of three (3) letters of reference (business or personal). 	ce mailed/emailed to the Trauma Mana	gement Agency
Completed local and state criminal back director. (INTERNET BACKGROUND C		r, officer and/or
3. Preceding five years business experien	ce.	
		1

- 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.

Per BCC Chapter 31/2, Section 31/2-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
98000	Adh
Date	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