



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. 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

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.) *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.

C. Class 2 and Class 3 - attach current interfacility transport protocols. ATT # 9

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

ATT # 10

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

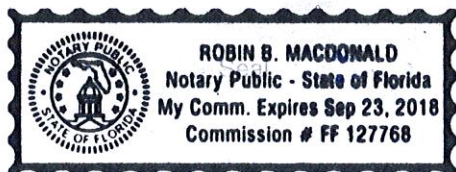
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Fire Chief
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 26th 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/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
Date

N/A
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public Convenience and Necessity (COPCN).

8/8/2017
Date


County Administrator or Designee

This application for a Class 2 - ALS Transfer 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

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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. <u>Robert F. Hoecherl</u>	954-828-6800	RHoecherl@Fort Lauderdale.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, 2017, by
Robert F. Heecherl (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.

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

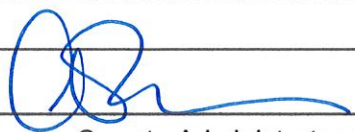
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

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

Recommendation/comments of County Administrator:

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public Convenience and Necessity (COPCN).

8/8/2017
Date


County Administrator or Designee

This application for a Class 2 - ALS Transfer COPCN submitted
by Fort Lauderdale 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

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- 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>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>(863) 805-5450</u>			
<small>Telephone</small>			

2. Seminole Tribe of Florida
Owner's Name

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

(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.

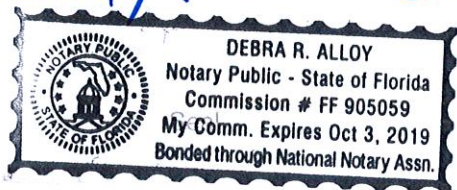
Donald DiPetruccio
Signature of Owner/Manager

Fire Chief / Director
Title

STATE OF FLORIDA
COUNTY OF Florida, Broward

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

personally known Donald DiPetruccio (name of person making statement).



Debra R. Alloy
(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.)
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