

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

ECK TYPE OF APPLICATION	JIN FOR CL	ASSIFICATION OF	SERVICE	=
New	Ø R	enewal		
Class 1 - ALS Rescue	□ C	ass 2 - ALS Transfe	er	
Class 3 - BLS Transport	C	ass 4 - ALS Air Res	scue	
Class 5 - Nonemergency	Medical Tran	sportation Service	(NEMTS)	
per City				
Name of Serv	<i>i</i> ice Governme	ntal Entity		
910	Cooper (City	FL	33329
iling Address	City		State	Zip Code
00				
ephone				
per City		coopercityhall@c	coopercity	fl.org
ner's Name			Email Add	ress
010	Cooper (City	FL	33329
iling Address	City		State	Zip Code
(Governmental Entity	attach name	es of elected official	s)	
			BLo	ucks@coopercity
oucks		954-434-4300	org	
oucks neral Manager/Contact Person		954-434-4300 Telephone		ail Address
(Class 1 - ALS Rescue Class 3 - BLS Transport Class 5 - Nonemergency I Der City Name of Serve 0910 iiling Address Oocephone Der City vner's Name 010 iiling Address	Class 1 - ALS Rescue Class 3 - BLS Transport Class 5 - Nonemergency Medical Tr	Class 1 - ALS Rescue Class 2 - ALS Transfer Class 3 - BLS Transport Class 4 - ALS Air Res Class 5 - Nonemergency Medical Transportation Service Der City Name of Service Governmental Entity Der City Cooper City	Class 1 - ALS Rescue Class 2 - ALS Transfer Class 3 - BLS Transport Class 4 - ALS Air Rescue Class 5 - Nonemergency Medical Transportation Service (NEMTS) Der City Name of Service Governmental Entity Der City Cooper City State Cooper City State

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to servi	ce (be specific):
	The City Limits of Cooper City	
, 6 .	Attach FCC license/communications	contract: (Attachment # 2a & b)
∨7.	Address of present/proposed main substations):	station and any substations (attach list if more than three (3)
	Main Station: Station 28 10550 Stirli	ng Road, Cooper City FL 33026
	Substation:	
	Substation:	
	Substation:	
√8.	Financial Information:	(Attachment # 3)
	Non-governmental - provide a finan Section 33.11.g.	cial statement as listed in Broward County Administrative Code
	Governmental - copy of budget she	et.
.∕9.	Insurance:	(Attachment # 4)
	Provide copies of Certificates of Insu 3½ - 17(a)(1), Broward County Code	rance - Non-governmental - Identified in Chapter 3½, Section of Ordinances.
	Governmental - refer to section Cha	apter 3½ - 17(c), Broward County Code of Ordinances.
	NEW - must provide proof of ability to Ordinances for service requested.	o comply with Chapter 3½ - 17(a)(2), Broward County Code of
10.	. Vehicle information: Complete and a	ttach appropriate form.
11.	. Personnel information: Complete an	d attach appropriate form.
		equired training information pursuant to Broward County 5.g, for each driver listed on form B-2.
12.	. All COPCN applicants (if applicable)	:
	A. Attach contract with a medical dir	ector 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 curr	ent interfacility transport protocols.
	D. Identify staffing patterns and ope	rational hours for each state permitted vehicle in your fleet.
/13	. Attach schedule of rates for services	s rendered (new or proposed).

(Rev. 9/15) ME201557914

All statements on this application and	attachments are true and con	COI.
Signature of Owner/Manager	City N	Manager
STATE OF FLORIDA COUNTY OF Broward		
Sworn to (or affirmed) and subscribed before	me this 27th day of	
Broce D Lacens	()	(name of person making statement).
JENNA L. LEWIS	(Sign	ature of Notary Public - State of Florida)
MY COMMISSION #GG037618 EXPIRES: OCT 11, 2020 Bended through 1st State Insurance	(Print, Type, or Stam	np Commissioned Name of Notary Public)OR Produced Identified:
	Type of Identifica	

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	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).	
	\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:	MANUFACTURE CONTROL OF THE PROPERTY OF THE PRO
	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

	CH	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	1edical T	ransportation Service	(NEMTS)	
1.	Coral Spring	s Fire Department				
		Name of Servi	ce Govern	nmental Entity		
	2801 Coral S		Coral	Springs	FL	33065
	Mai	ling Address	City		State	Zip Code
	954-344-593	4				
	Tele	phone				
2.	City of Coral	Springs				
	Owi	ner's Name			Email Add	ress
	2801 Coral S	Springs Drive	Coral	Springs	FL	33065
	Mai	ling Address	City		State	Zip Code
		(Governmental Entity a	attach na	ames of elected official	s)	
3.	Frank Babinec, Fire Chief			954-344-5934	fbab rg	inec@coralsprings.o
	Ger	neral Manager/Contact Person		Telephone	Ema	ail Address
4.		ated/formation of business a			,	ment #)
(At	ach articles	of incorporation; names a	ınd add	ress of shareholders	s along v	vith 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 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.	1. 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 31/2, Section 31/2-15(b), no complaints w	rere 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).	
	α
8/8/2017	
Date	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	0.1.lp.m.:146.al
	submitted
by Coral Springs Fire Department	is hereby:
Approved as Submitted:	
	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
, pp. even de / illienden.	Mayor, Broward County
	Board of County Commissioners
Denied:	
200.000	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	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION O	F SERVICE	E
		New	\square	Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Trans	fer	
		Class 3 - BLS Transport		Class 4 - ALS Air R	escue	
		Class 5 - Nonemergency	Medical า	ransportation Service	e (NEMTS)	
1.	Town of Dav	ie Fire Rescue				
		Name of Serv	vice Goveri	nmental Entity		
	6901 Orange	e Drive	Davie		FL	33314
		ing Address	City		State	Zip Code
	954-797-121	954-797-1213				
	Tele	phone				
2.	Town of Dav	ie (Attachment A)				
-	Owner's Name				Email Address	
	6591 Orange	e Drive	Davie		FL	33314
		ing Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected offici	als)	
3.	See Attachm	ent A				
	Ger	neral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpora	ated/formation of business	associatio	on: September 1961	(Attach	ment #)
	tach articles o	of incorporation; names s.)	and ado	ress of shareholde	rs along v	with number of

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).

Signature of Owner/Manager	Fire Chief Title
STATE OF FLORIDA COUNTY OF BROWARD	
Sworn to (or affirmed) and subscribed before me this Autic MARCHAE ARCHAE 14. 20, 1	(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known: OR Produced Identified:
WWWWW.	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 were filed for this agency, therefore no action is				
needed by the EMS Review Committee.				
N/A	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:				
	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

	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)	
	Owner'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 sta Section 33.11.g.	atement as listed in Broward County Administrative Code			
	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 3	1/2 - 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 operational	al hours for each state permitted vehicle in your fleet. Item D			

(Rev. 9/15) ME201557914

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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
8 8 20 T	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	submitted
by Fort Lauderdale 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
231104.	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

	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION	OF SERVIC	E
	New	\mathbf{Z}	Renewal		
	Class 1 - ALS Rescue		Class 2 - ALS Tran	ısfer	
	Class 3 - BLS Transport		Class 4 - ALS Air I	Rescue	
	Class 5 - Nonemergency	√ledical 7	Transportation Servi	ce (NEMTS)	
City of Laude	erhill Fire Rescue Departme				
	Name of Serv	ice Gover	nmental Entity		
1980 n.w 56	th Avenue	Laude	erhill	Fl.	33313
Mai	ling Address	City		State	Zip Code
954-730-295	0				
Tele	phone				
Lauderhill Fi	re Rescue		mceletti@laud	erhill-fl.gov	
Owner's Name		Email Address		Iress	
1980 n.w 561	th Avenue	Laude	erhill	FI.	33313
Mai	ling Address	City		State	Zip Code
	(Governmental Entity	attach na	ames of elected offic	cials)	
Mana Oatalii					
Marc Celetti	General Manager/Contact Person		Telephone	Ema	ail Address
Marc Leietti	eral Manager/Contact Person		Telephone	Ema	ail Addre

Page 1 of 3 additional pages may be added as needed

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 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.				
10.	Vehicle information: Complete and attach appropriate form.				
11.	Personnel information: Complete and attach appropriate form.				
	NEMTS PROVIDE copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.				
12.	All COPCN applicants (if applicable):				
	A. Attach contract with a medical director as provided by State Law, include copy of DEA license.				
	B. Classes 1 and 4 - attach current medical treatment protocols.				
	C. Class 2 and Class 3 - attach current interfacility transport protocols.				
	D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.				

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

All statements on this application and atta	chments are true and correct.
Signature of Owner/Manager	Title Fire Chief
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me to	this 10 day of July , 20 17, by
Planc Celeti	(name of person making statement).
PATRICIA STEVENSON	(Signature of Notary Public - State of Florida)
NOTARY PUBLIC ESTATE OF FLORIDA	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known:OR Produced Identified:
Comm# FF099262 Expires 3/6/2018	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	N/A
Date	Chair, EMS Review Committee
Recommendation/comments of County Administ 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:	
	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 APPLICATION FOR CLASSIFICATION OF SERVICE					
	□ Ne	ew		Renewal		
	₽ cı	lass 1 - ALS Rescu	е 🗆	Class 2 - ALS Tr	ansfer	
	□ CI	lass 3 - BLS Transp	ort \square	Class 4 - ALS A	ir Rescue	
	□ CI	lass 5 - Nonemerge	ncy Medical	Transportation Ser	vice (NEMT	S)
1.	Village of Lazy L					
		Name o	f Service Gover	nmental Entity		
	2250 Lazy Lane	r.	Lazy	Lake	FL	33305
		Address	City		State	Zip Code
	954 604 4930		32			
	Telepho	ne				
				CWhitePA@)mac.com	
2.	Caroline White,					
	Owner's	3 Name	, ,		Email A	
	2250 LAZ	YLANE	LAZYL	AKE	R	33305
	Mailing	Address	d ity		State	Zip Code
		(Governmental E	ntity attach na	ames of elected of	fficials)	
					(CWHITEPA@mac.c
3.	Caroline White,			954-604-4	1930 °	om
	General	I Manager/Contact Pers	son	Telephone	E	Email Address
4.	Date incorporated	d/formation of busin	ess associati	on: June 3,19	953 (Atta	chment #_A)

(Attach articles of incorporation; names and address of shareholders along with number of

outstanding shares.)

5.	Geographic area requesting to service (be specific): See MAP AHACHED "MAP".			
6.	Attach FCC license/communications contract: N A (Attachment # _n L)			
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 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.			
	Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.			
	NEW - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.			
10.	Vehicle information: Complete and attach appropriate form. n/c			
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 atta-	chments are true and correct.
Signature of Owner/Manager	Mayor Title
STATE OF FLORIDA COUNTY OF BROWARD	
Sworn to (or affirmed) and subscribed before me to	his 27th day of July , 20 17, by (name of person making statement)
MELISSA AUGUSTIN Commission # FF 220017 Expires April 20, 2019 Bonded Thru Troy Fain Insurance 800-385-7019	(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:

nla

- 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	NI/A
N/A Date	N/A Chair, EMS Review Committee
Recommendation/comments of County Administrates 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 Village of Lazy Lake, FL	is hereby:
Approved as Submitted:	
	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
	Mayor, Broward County Board of County Commissioners
Denied:	
	Mayor, Broward County
	Board of County Commissioner



Broward County OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES

Trauma and EMS Section

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHI	ECK TYPE OF APPLICATION	N FOR	CLASSIFICATION OF	SERVIC	E
	New	\square	Renewal		
\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	r	
	Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
	Class 5 - Nonemergency Mo	edical T	ransportation Service ((NEMTS)	
City of Lightl	nouse Point Fire Rescue				
	Name of Servic	e Govern	nmental Entity		
3740 NE 22r	nd Avenue	Lighth	nouse Point	FL	33064
Mai	ling Address	City		State	Zip Code
954-941-262	24				
Tele	ephone				
Government	Entity				
Owi	ner's Name			Email Add	dress
2200 NE 38	Streeet	Lighth	nouse Point	FL	33064
Mai	ling Address	City		State	Zip Code
	(Governmental Entity at	tach na	umes of elected officials	s)	
John Lavisky General Manager/Contact Person			954-943-6500	•	iskyJunne@lighthou int.com
		Telephone		Email Address	
		sociatio	Telephone		ail Address ment # 1

Page 1 of 3

(Attach articles of incorporation; names and address of shareholders along with number of

outstanding shares.)

5.	Geographic area requesting to service (be specific):			
	US 1 east to the Intracoastal Waterway NE	24 Street to NE 54 Street		
6.	Attach FCC license/communications contract	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 - Non-governmental - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.			
	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).

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 Broward	
COUNTY OF	12
Sworn to (or affirmed) and subscribed before me this	21 day of July , 20 17, by
John Lay Kinkuning	(name of person making statement).
Section 18 SHOW ELECTION AND AND AND AND AND AND AND AND AND AN	(Signature of Notary Public - State of Florida)
#FF 986096	(Print, Type, or Stamp Commissioned Name of Notary Public)
Aubic Under A Comment	Personally Known:OR Produced Identified:
William William	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

	СНЕ	ECKTYPE OF APPLICATION	ON FOR	CLASSIFICATION	OF SERVIC	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 I	Medical T	ransportation Servic	e (NEMTS)	
1.	North Lauder	dale Fire Rescue Departme				
		Name of Serv	/ice Goverr	nmental Entity		
	6151 Bailey F	Road	North	Lauderdale	FL	33068
		ing Address	City		State	Zip Code
	954-720-431	5				
	Tele	phone				
2.	Government Entity- see att #1		rturpel@nlauderdale.org			
۷.	Owner's Name				Email Add	iress
	6151 Bailey I	Road	North	Lauderdale	FL	33068
	Mail	ing Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected offic	ials)	
				054.700.40		pel@nlauderdale.org
3.	Fire Chief Ro		954-720-43			
	Gen	eral Manager/Contact Person		Telephone	Em	ail Address
4.	Date incorpora	ated/formation of business	associati	on: <u>1963</u>	(Attach	ment # <u>1</u>
•	ttach articles of Istanding share	of incorporation; names s.)	and add	Iress of sharehold	ers along v	with number (

Page 1 of 3

5.	Geographic area requesting to service (be specific): CTY of NORTH LAUSERSHE BOUNDARIES			
	5 sq miles- 42,000 + population			
6.	Attach FCC license/communications contract: (Attachment # 2)			
7.	Address of present/proposed main station and any substations (attach list if more than three (3) substations):			
	Main Station: 6151 Bailey Road North Lauderdale, FL 33068			
	Substation: 7700 Hamptons Blvd North Lauderdale, FL 33068			
	Substation:			
	Substation:			
8.	Financial Information: (Attachment # 3)			
	Non-governmental - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.			
	Governmental - copy of budget sheet.			
9.	Insurance: (Attachment # 4)			
	Provide copies of Certificates of Insurance - Non-governmental - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.			
	Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.			
	NEW - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.			
10.	Vehicle information: Complete and attach appropriate form.			
11.	Personnel information: Complete and attach appropriate form.			
	NEMTS PROVIDE copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.			
12.	All COPCN applicants (if applicable):			
	A. Attach contract with a medical director as provided by State Law, include copy of DEA license.			
	B. Classes 1 and 4 - attach current medical treatment protocols.			
	C. Class 2 and Class 3 - attach current interfacility transport protocols.			
	D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.			

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

(Rev. 9/15) ME201557914

D.	Fire Chief
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me th	is 20th day of June , 2017, by
Rodney Turpel	(name of person making statement)
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 Public
The state of the s	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 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).	
882017	
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:	
Approvou do Gabillitoa.	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

	CHE	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVIC	E
		New	\square	Renewal		
		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	y of Parkla	and				
		Name of Serv	ice Goverr	nmental Entity		
660	00 Univers	sity Drive	Parkla	and	FL	33067
	Mail	ing Address	City		State	Zip Code
954	1-753-504					
	Tele	phone				
. City	of Parkla	and				
	Owr	ner's Name			Email Add	dress
660	00 Univers	sity Drive	Parkla	and	FL	33067
	Mail	ing Address	City		State	Zip Code
		(Governmental Entity a	attach na	mes of elected officials	s)	
. Bob	o Payton,	City Manager		954-753-5040	bpa org	ayton@cityofparkland.
	Gen	eral Manager/Contact Person		Telephone	Em	ail Address
. Date	incorpora	ated/formation of business a	ssociatio	on: July 13, 1963	_ (Attach	nment # <u>NIA</u>

(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 # 4
	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. At
	Attach schedule of rates for services rendered (new or proposed). #### 10

All statements on this application and attac	hments are true and correct.
Jourse	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 June (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).
- 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 Administr Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
, ,	
8 8 2017	(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:	
	Mayor, Broward County Board of County Commissioners
Approved as Amended:	Mayor, Broward County Board of County Commissioners
Denied:	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

	CHI	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVIC	E .
		New	\mathbf{Z}	Renewal		
	Q	Class 1 - ALS Rescue		Class 2 - ALS Transfe	r	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	cue	
		Class 5 - Nonemergency N	/ledical T	ransportation Service ((NEMTS)	
Town of	Pen	ibroke Park				
		Name of Serv	ice Goverr	nmental Entity		
3150 SV	V 52	Ave	Pemb	roke Park	FL	33023
	Mail	ing Address	City		State	Zip Code
954-966	-460	0				
-	Tele	phone	*			
	Own	er's Name			Email Add	ress
	Mail	ng Address	City		State	Zip Code
		(Governmental Entity a	attach na	ames of elected officials	s)	
Tom Wile	de.			954-966-4600		le@townofpembroke com
	Gen	eral Manager/Contact Person		Telephone	Ema	ail Address
Date incor	pora	ted/formation of business a	ssociatio	on: 12/07/1957	_ (Attach	ment # <u>1</u>

Page 1 of 3

additional pages may be added as needed

5.	Geographic area requesting to service (be specific): Exhibit 1, Page 38 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

All statements on this application and attack	chments are true and correct. Exhibit 1, Page 39 of 60
Signature of Owner/Manager	H'55T Jour Manager
STATE OF FLORIDA COUNTY OF BROWARD	
Sworn to (or affirmed) and subscribed before me the	nis
LUCIE MARIE MANZEROLLE Scommission # 9G 102807 Expires August 23, 2021 Bonded Thru Budget Notary Services	(Signature of Notary Rublic - 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).
- 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	N/A
Date	Chair, EMS Review Committee
Recommendation/comments of County Administ Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
	100
725/2017	the
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 Cabillitea.	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
••	Mayor, Broward County Board of County Commissioners
Denied:	
_3541	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 A	PPLICATION FOR	CLASSIFICATION OF	SERVICE	.
□ New	Ø	Renewal		
Class 1 - ALS F	Rescue	Class 2 - ALS Transfe	er	
☐ Class 3 - BLS T	ransport 🗆	Class 4 - ALS Air Res	scue	
☐ Class 5 - Noner	nergency Medical T	ransportation Service	(NEMTS)	
City of Plantation Fire Departr	···· · · · · · · · · · · · · · · · · ·			
N	lame of Service Govern	nmental Entity		
550 NW 65th Avenue	Planta	ation	FL	33317
Mailing Address	City		State	Zip Code
954-797-2150				•
Telephone				
City of Plantation		N/A		
Owner's Name			Email Add	ress
400 NW 73rd Avenue	Planta	ation	FL	33317
Mailing Address	City		State	Zip Code
(Governme	ntal Entity attach na	ames of elected officials	s)	
Laney Stearns, Fire Chief		954-797-2150	Istea org	ırns@psd.plantation
General Manager/Conta	ct Person	Telephone	Ema	il Address
Date incorporated/formation of	business association	on: August 1996	_ (Attachi	ment #
attach articles of incorporation	: names and add	ress of shareholders	s along v	vith number

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5 .		pecific):
	City of Plantation as per Plantation Code of	f 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	₂ - 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.

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

All sta	tements on this application and attachments are tru	e and correct.
9		
Signate	are of Owner/Manager	Title Chix
STATE	OF FLORIDA WAY	
	to (or affirmed) and subscribed before me this day	of June, 20 1, by
F	E. Laney Stearns	(name of person making statement).
)	
	CARY BLANCHARD * MY COMMISSION # FF 237402	(Signature of Notary Public - State of Florida)
	EXPIRES: June 27, 2019 Bonded Thru Budget Notary Senices (Print, T)	ype, or Stamp Commissioned Name of Notary Public)
	Personally Kno	own:OR Produced Identified:
	Туре	of Identification Produced:
Addition	onal requirements for New applicants:	
Non-g	povernmental and NEMTS:	
1.	Minimum of three (3) letters of reference mailed/e (business or personal).	emailed to the Trauma Management Agency
2.	Completed local and state criminal background chedirector. (INTERNET BACKGROUND CHECKS AF	
3.	Preceding five years business experience.	
All ap	plicants:	
1 .	Return signed, notarized application along with an apmade payable to the Broward County Board of Cou	
2.	Renewal applicants NOTE: COPCN/License and separately (as of October 1, 2015 COPCN/Licen fees will be \$59.00).	se fees will be \$290.00 and Vehicle permit
3.	Non-governmental and NEMTS: provide a copy ceipts or NEW applicant provide a letter of iden Broward County.	of County and Municipal Business Tax Re-

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: 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	\checkmark	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	ames of elected officia	ıls)	
3.	Donald DiPe	etrillo, Fire Chief/Director	(954	l) 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 Count 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)

(Rev. 9/15) ME201557914

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.

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).
- 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

CF					
	New	\square	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 T	ransportation Servic	e (NEMTS)	
City of Wilto	on Manors				
	Name of Serv	ice Govern	nmental Entity		
2020 Wilton	Drive	Wilton	n Manors	Florida	33305
Ma	ailing Address	City		State	Zip Code
(954) 390-2	180				
Τρ ^ι	la sala a sa a				
10	lephone				
City of Wilto	•				
City of Wilto	•			Email Addre	988
City of Wilto	on Manors vner's Name	Wiltor	n Manors	Email Addre Florida	ess 33305
City of Wilto	on Manors vner's Name	Wiltor City	n Manors		
City of Wilto	on Manors vner's Name n Drive	City		Florida State	33305
City of Wilto Ov 2020 Wilton	on Manors vner's Name n Drive ailing Address (Governmental Entity	City		Florida State cials)	33305
City of Wilton Ov 2020 Wilton Ma	on Manors vner's Name n Drive ailing Address (Governmental Entity	City	ames of elected offic	Florida State cials) rmoor	33305 Zip Code

5.	Geographic area requesting to service (be sp	ecific):			
	City of Wilton Manors, Population 12,446				
6.	Attach FCC license/communications contract:	(Attachment # N/A)			
7.	Address of present/proposed main station are substations):	nd any substations (attach list if more than three (3)			
	Main Station: 533 NE 22 Street, Wilton Mano	Main Station: 533 NE 22 Street, Wilton Manors, Florida 33305 Station 16			
	Substation: Reference attached Interlocal Agreement with the City of Ft Lauderdale				
	Substation:				
	Substation:				
8.	Financial Information:	(Attachment # 2)			
	Non-governmental - provide a financial state Section 33.11.g.	ment as listed in Broward County Administrative Code			
	Governmental - copy of budget sheet.				
9.	Insurance:	(Attachment # 3)			
	Provide copies of Certificates of Insurance - N 3½ - 17(a)(1), Broward County Code of Ordin	on-governmental - Identified in Chapter 3½, Section ances.			
	Governmental - refer to section Chapter 31/2	- 17(c), Broward County Code of Ordinances.			
	NEW - must provide proof of ability to comply Ordinances for service requested.	with Chapter 3½ - 17(a)(2), Broward County Code of			
10.	Vehicle information: Complete and attach app	propriate form.			
11.	Personnel information: Complete and attach a	appropriate form.			
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for e	training information pursuant to Broward County ach 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 to	reatment protocols.			
	C. Class 2 and Class 3 - attach current interfa	acility transport protocols.			
	D. Identify staffing patterns and operational h	ours 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 attach	ments are true and correct
Signature of Owner/Manager	City Manager Title
STATE OF FLORIDA COUNTY OF ROWARD	
Sworn to (or affirmed) and subscribed before me this	27th 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).
- 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).
- 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

CHECK TYPE OF APPLI	CATION FOR C	LASSIFICATION OF	SERVIC	E
□ New	\mathbf{Z}	Renewal		
✓ Class 1 - ALS Rescu	ue 🗆	Class 2 - ALS Transfe	r	
☐ Class 3 - BLS Trans	port \square	Class 4 - ALS Air Res	scue	
☐ Class 5 - Nonemerg	ency Medical Tr	ansportation Service ((NEMTS)	
The City of Weston				
Name	of Service Governr	nental Entity		
17200 Royal Palm Blvd	Westo	า	FL	33326
Mailing Address	City		State	Zip Code
(954) 385-2000				
Telephone				
N/A				
Owner's Name			Email Add	Iress
Mailing Address	City		State	Zip Code
(Governmental	Entity attach nar	mes of elected official:	s)	
John R. Flint, City Manager		(954) 385 2000) jflint	@westonfl.org
General Manager/Contact Pe	rson	Telephone	Em	ail Address
Date incorporated/formation of busi	ness associatio	ո։ 1996	_ (Attach	ment # <u>1</u>
Attach articles of incorporation; na utstanding shares.)	ımes and addr	ess of shareholders	s along v	with number

Page 1 of 3

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

All statements on this application and attach	ments are true a	and correct.
Hull	~	City Manager
Signature of Owner/Manager		Title
STATE OF FLORIDA COUNTY OF Survard	e a A	
Sworn to (or affirmed) and subscribed before me this	day of	July , 20 17, by (name of person making statement).
GINA L LANDRY Notary Public – State of Florida		(Signature of Notary Public - State of Florida)
Commission # GG 110133 My Comm. Expires May 31, 2021 Bonded through National Notary Assn.	(Print, Type Personally Knowr	e, or Stamp Commissioned Name of Notary Public) n:OR Produced Identified:
	• • • • • • • • • • • • • • • • • • • •	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.

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 Administr 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:	Movey Provinced County
	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	Name of Service Governmental 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.	6. Attach FCC license/communications contract: (Attachment #	<u>I/A</u>)		
7.	 Address of present/proposed main station and any substations (attach I substations): 	ist if more than three (3)		
	Main Station: Station 27 - 2610 SW 40th Avenue, West Park, FL 33023			
	Substation:			
	Substation:			
	Substation:			
8.	8. Financial Information: (Attachment # 2)			
	Non-governmental - provide a financial statement as listed in Broward Co Section 33.11.g.	unty Administrative Code		
	Governmental - copy of budget sheet.			
9.	9. Insurance: (Attachment # 3)			
Provide copies of Certificates of Insurance - Non-governmental - Identified in Chapter 3½, 3½ - 17(a)(1), Broward County Code of Ordinances.		ed in Chapter 3½, Section		
	Governmental - refer to section Chapter 3½ - 17(c), Broward County Co	de of Ordinances.		
	NEW - must provide proof of ability to comply with Chapter $3\frac{1}{2}$ - $17(a)(2)$, Ordinances for service requested.	Broward County Code of		
10.	10. Vehicle information: Complete and attach appropriate form.			
11.	Personnel information: Complete and attach appropriate form.			
	NEMTS PROVIDE copies of all required training information pursuadministrative Code Section 33.15.g, for each driver listed on form E			
12.	12. All COPCN applicants (if applicable):			
	A. Attach contract with a medical director as provided by State Law, inclu	de 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 permitte	d vehicle in your fleet.		

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

All statements on this application and attach	intents are true and correct.	
w Akalog ?	City Manager	
Signature of Owner/Manager	Title	
STATE OF FLORIDA COUNTY OF KROWA RO		
Sworn to (or affirmed) and subscribed before me this	as and day of	, 20 <u>1 </u>
W. AJEPOXA PALOGIAL	(name of person i	naking statement).
MARITZA PREBAL Notary Public - State of Florida Commission # FF 906440 My Comm. Expires Aug 4, 2019 Bonded through National Notary Assn.	(Signature of Notary Public - (Print, Type, or Stamp Commissioned Nam Personally Known: Type of Identification Produced:	e of Notary Public)
Additional requirements for New applicants:		
Non-governmental and NEMTS:		
 Minimum of three (3) letters of references (business or personal). 	ence mailed/emailed to the Trauma Mana	gement Agency

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. 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.

- 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	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: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
882017	Ahe
Date	county Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN by City of West Park	submitted
Approved as Submitted:	,
	Mayor, Broward County Board of County Commissioners
Approved as Amended: Denied:	Mayor, Broward County Board of County Commissioners
Demeu.	Mayor, Broward County Board of County Commissioner