



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

1. City of Cooper City
 Name of Service Governmental Entity

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

954-434-4300
 Telephone

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

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

(Governmental Entity attach names of elected officials)

3. Mr. Bruce Loucks 954-434-4300 BLoucks@coopercityfl.org
 General Manager/Contact Person Telephone Email Address

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

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

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

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

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

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

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 3)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 4)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

Bruce D. Louch
Signature of Owner/Manager

City Manager
Title

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

Personally Known OR Produced Identified:

Type of Identification Produced:

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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



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- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Coral Springs Fire Department
 Name of Service Governmental Entity

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

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

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

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

Main Station: See Attached List Att # 3

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 4)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 5)

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

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

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

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

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

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

12. All COPCN applicants (if applicable):

Att # 8

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

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

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

-Att # 10

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

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

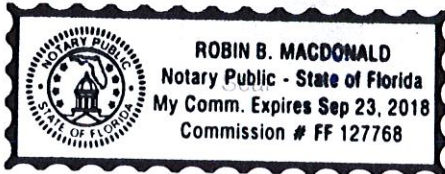
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Fire Chief
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 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/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

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

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

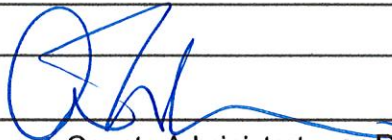
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

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

Recommendation/comments of County Administrator:

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

8/8/2017
Date


County Administrator or Designee

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

Approved as Submitted:

Mayor, Broward County
Board of County Commissioners

Approved as Amended:

Mayor, Broward County
Board of County Commissioners

Denied:

Mayor, Broward County
Board of County Commissioner



Broward County
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1. Town of Davie Fire Rescue

 Name of Service Governmental Entity

<u>6901 Orange Drive</u>	<u>Davie</u>	<u>FL</u>	<u>33314</u>
Mailing Address	City	State	Zip Code

954-797-1213

 Telephone

2. Town of Davie (Attachment A)

 Owner's Name Email Address

<u>6591 Orange Drive</u>	<u>Davie</u>	<u>FL</u>	<u>33314</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. See Attachment A

 General Manager/Contact Person Telephone Email Address

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

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

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

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

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

Main Station: See Attachment D

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # E)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # F)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

Julie Downey
Signature of Owner/Manager

Fire Chief
Title

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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



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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. **Robert F. Hoecherl**

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

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

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

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

Refer to Attachment B

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

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

Main Station: Refer to Attachment D

Substation: Refer to Attachment D

Substation: Refer to Attachment D

Substation: Refer to Attachment D

8. Financial Information: (Attachment # E)

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

Governmental - copy of budget sheet.

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

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

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

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

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

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

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

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

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

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

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

[Handwritten Signature]

Signature of Owner/Manager

Fire Chief

Title

STATE OF FLORIDA

COUNTY OF Broward

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

Robert F. Hoechere

(name of person making statement).



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

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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
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- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

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

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

2. Lauderhill Fire Rescue mceletti@lauderhill-fl.gov
 Owner's Name Email Address

1980 n.w 56th Avenue	Lauderhill	Fl.	33313
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Marc Celetti
 General Manager/Contact Person Telephone Email Address

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

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

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

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

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

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

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

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

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

8. Financial Information: (Attachment # 3)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 4)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

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

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
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.

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3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

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

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

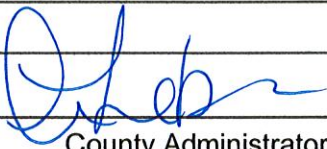
N/A
Date

N/A
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

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

8/8/2017
Date


County Administrator or Designee

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

Approved as Submitted:

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

Approved as Amended:

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

Denied:

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



Broward County
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- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

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

<u>2250 Lazy Lane</u>	<u>Lazy Lake</u>	<u>FL</u>	<u>33305</u>
Mailing Address	City	State	Zip Code

954 604 4930
 Telephone

CWhitePA@mac.com

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

<u>2250 LAZYLANE</u>	<u>LAZYLAKE</u>	<u>FL</u>	<u>33305</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

CWHITEPA@mac.c

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

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

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

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

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

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

Main Station: n/a

Substation: n/a

Substation: n/a

Substation: n/a

8. Financial Information: (Attachment # B)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # C)

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

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

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

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

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

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

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

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

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

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

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

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

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

[Signature]
Signature of Owner/Manager

Mayor
Title

STATE OF FLORIDA
COUNTY OF BROWARD

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



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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS: n/a

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

All applicants:

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

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

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

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

Recommendation/comments of County Administrator:

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

_____ 8/8/2017 _____
Date County Administrator or Designee

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

Approved as Submitted:

Mayor, Broward County
Board of County Commissioners

Approved as Amended:

Mayor, Broward County
Board of County Commissioners

Denied:

Mayor, Broward County
Board of County Commissioner



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

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

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

954-941-2624
Telephone

2. Government Entity
Owner's Name Email Address

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

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

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

Main Station: 3740 NE 22 Avenue

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 3)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 4)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

[Signature]
Signature of Owner/Manager

City Administrator
Title

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

Personally Known: _____ OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

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

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

954-720-4315
Telephone

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

	<u>rturpel@nlauderdale.org</u>
	<small>Email Address</small>

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

(Governmental Entity attach names of elected officials)

3. Fire Chief Rodney Turpel
General Manager/Contact Person

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

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

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

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

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

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

Main Station: 6151 Bailey Road North Lauderdale, FL 33068

Substation: 7700 Hamptons Blvd North Lauderdale, FL 33068

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 3)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 4)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

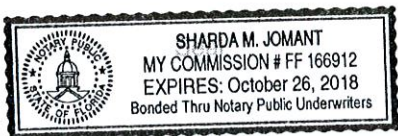
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Fire Chief
Title

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

1. City of Parkland
 Name of Service Governmental Entity

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

2. City of Parkland
 Owner's Name Email Address

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

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

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

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 3)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 4)

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

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

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

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

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

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

[Handwritten Signature]

Signature of Owner/Manager

Fire Chief

Title

STATE OF FLORIDA

COUNTY OF Broward

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

Robert Payton

(name of person making statement).



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

[Handwritten Signature]

(Signature of Notary Public - State of Florida)

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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

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

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

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

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

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

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 2)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 3)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

Tom S. Wilde
Signature of Owner/Manager

Asst Town Manager
Title

STATE OF FLORIDA
COUNTY OF Broward

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



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

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

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

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/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.



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

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

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

2. City of Plantation N/A

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

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

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

Main Station: Attachment 1

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 1)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 3)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

[Signature]
Signature of Owner/Manager

Fire Chief
Title

STATE OF FLORIDA
COUNTY OF Broward

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



[Signature]
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: OR Produced Identified: _____
Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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

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

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

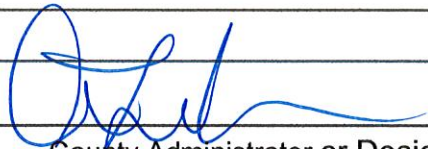
N/A
Date

N/A
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

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

8/8/2017
Date


County Administrator or Designee

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

Approved as Submitted:

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

Approved as Amended:

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

Denied:

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



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

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

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

(863) 805-5450
 Telephone

2. Seminole Tribe of Florida
 Owner's Name

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

Email Address

(Governmental Entity attach names of elected officials)

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

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

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

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

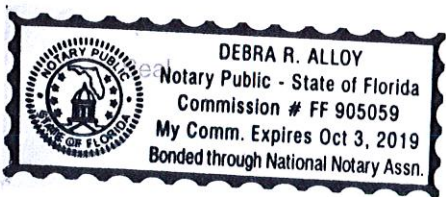
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

File Chief Director
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of July, 20 17, by personally know - Donald DiPetrillo (name of person making statement).



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

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

Personally Known: OR Produced Identified: _____
Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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



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

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

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

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

1. City of Wilton Manors
 Name of Service Governmental Entity

<u>2020 Wilton Drive</u>	<u>Wilton Manors</u>	<u>Florida</u>	<u>33305</u>
Mailing Address	City	State	Zip Code

(954) 390-2180
 Telephone

2. City of Wilton Manors
 Owner's Name Email Address

<u>2020 Wilton Drive</u>	<u>Wilton Manors</u>	<u>Florida</u>	<u>33305</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

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

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

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 2)

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

Governmental - copy of budget sheet.

9. Insurance: (Attachment # 3)

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

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

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

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

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

12. All COPCN applicants (if applicable):

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

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

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

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

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

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

[Handwritten Signature]

Signature of Owner/Manager

City Manager

Title

STATE OF FLORIDA
COUNTY OF BROWARD

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



[Handwritten Signature]

(Signature of Notary Public - State of Florida)

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

Personally Known: OR Produced Identified: _____
Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

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

All applicants:

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

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

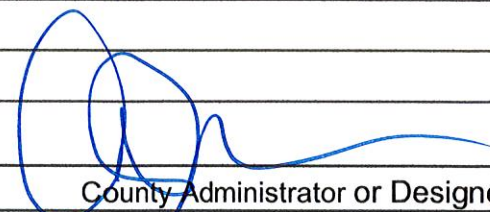
Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

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

Recommendation/comments of County Administrator:

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

8/10/2017
Date


County Administrator or Designee

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

Approved as Submitted:

Mayor, Broward County
Board of County Commissioners

Approved as Amended:

Mayor, Broward County
Board of County Commissioners

Denied:

Mayor, Broward County
Board of County Commissioner



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

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

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

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CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

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

1. The City of Weston
Name of Service Governmental Entity

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

(954) 385-2000
Telephone

2. N/A

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

(Governmental Entity attach names of elected officials)

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

General Manager/Contact Person	Telephone	Email Address
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4. Date incorporated/formation of business association: 1996 (Attachment # 1)

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

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

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

[Handwritten Signature]

Signature of Owner/Manager

City Manager

Title

STATE OF FLORIDA
COUNTY OF Broward

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



[Handwritten Signature]

(Signature of Notary Public - State of Florida)

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

Personally Known: OR Produced Identified:

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

- 1. Minimum of three (3) letters of reference **mailed/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:

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- 3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.



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1. City of West Park
Name of Service Governmental Entity

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

954-989-2688
Telephone

2. City of West Park
Owner's Name

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

(Governmental Entity attach names of elected officials)

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

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

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

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

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

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

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

Substation: _____

Substation: _____

Substation: _____

8. Financial Information: (Attachment # 2)

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

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

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

W. Abalog

Signature of Owner/Manager

City Manager

Title

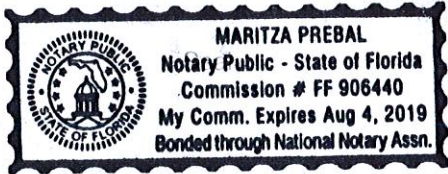
STATE OF FLORIDA

COUNTY OF BROWARD

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

W. ABALOG

(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:

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