



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. Village of Sea Ranch Lakes
Name of Service Governmental Entity

<u>1 Gatehouse Road</u>	<u>Sea Ranch Lakes</u>	<u>FL</u>	<u>33308</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

954 943-8862
Telephone

2. See attached
Owner's Name Email Address

<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
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(Governmental Entity attach names of elected officials)

3. Starr Paton, Village Clerk 954 943-8862 cityclerk@searanchlake
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 10-06-1959 (Attachment #)

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

5. Geographic area requesting to service (be specific): _____
Village of Sea Ranch Lakes
-
6. Attach FCC license/communications contract: (Attachment # _____)
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7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):
 Main Station: Pompano Beach Fire Rescue Administration 120 SW 3rd St. Pomp. Bch
 Substation: see attached
 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. 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 of Owner/Manager

Title

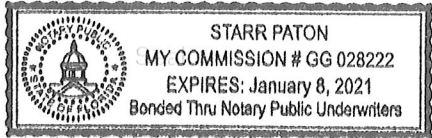
[Handwritten Signature] Mayor

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 28th day of December, 20 17, by

Alexander Soto (name of person making statement).



Starr Paton

(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 \$596.00 as of October 1, 2017, 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, 2017 COPCN/License fees will be \$297.00 and Vehicle permit fees will be \$60.00).
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).

1/24/2018
Date


County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by Village of Sea Ranch Lakes 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