

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 APPLICATIO	N FOR	CLASSIFICATION OF	SERVIC	
		New		Renewal		
		Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Re	scue	
		Class 5 - Nonemergency M	edical T	ransportation Service	(NEMTS)	
1.	Town of Dav	ie Fire Rescue		and the same of th	***************************************	
		Name of Service	e Govern	imental Entity		
	6901 Orange	e Drive	Davie		FL	33314
	Mail	ling Address	City		State	Zip Code
	954-797-121	3				
		ephone				
2.	Town of Dav	ie (Attachment A)				
	Owr	ner's Name			Email Add	ress
	6591 Orange	e Drive	Davie		FL	33314
	District Control of the Party o	ling Address	City		State	Zip Code
		(Governmental Entity a	ttach na	mes of elected official	ls)	
3.	Attachment A	A				
		neral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpora	ated/formation of business as	sociatio	on: <u>September 1961</u>	(Attachi	ment #)
•	Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)					

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service (be specific):		
	Attachment B		
6.	Attach FCC license/communications contrac	t: (Attachment # C)	
7.	Address of present/proposed main station a substations):	and any substations (attach list if more than three (3)	
	Main Station: See Attachment D		
	Substation:		
	Substation:		
	Substation:		
8.	Financial Information:	(Attachment # E)	
	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 # F)	
	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 $3\frac{1}{2}$ - $17(a)(2)$, 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	training information pursuant to Broward County each driver listed on form B-2.	
12	. All COPCN applicants (if applicable):		
	A. Attach contract with a medical director as	provided by State Law, include copy of DEA license.	
	B. Classes 1 and 4 - attach current medical	treatment protocols.	
	C. Class 2 and Class 3 - attach current inter	facility transport protocols.	
	D. Identify staffing patterns and operational	hours for each state permitted vehicle in your fleet.	

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

(Rev. 10/14) ME201455109

All statements on this application and attach	ments are true and correct.
Signature of Owner/Manager	Fire Chief Title
STATE OF FLORIDA COUNTY OF Broward	
Courtney Tennyson Commission #FF931616 Expires: October 28, 2019 Bonded thru Aaron Notary	(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known: OR Produced Identification 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 \$565.00 (\$574.00 as of October 1, 2014), 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, 2014 COPCN/License fees will be \$287.00 and Vehicle permit fees will be \$58.00).
- 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.	
	21/2
N/A Date	N/A Chair, EMS Review Committee
Recommendation/comments of County Administr	
Staff recommends renewal of said applicant for a Class 2	- ALS Transfer Certificate of Public
Convenience and Necessity (COPCN).	
2/2/2018	(d)an
Date	County Administrator or Designee
This application for a Class 2 - ALS Transfer COPCN	submitted
This application for a Class 2 - ALS Transfer COPCN by Town of Davie Fire Rescue	submitted is hereby:
by Town of Davie Fire Rescue	
by Town of Davie Fire Rescue	Mayor, Broward County
by Town of Davie Fire Rescue Approved as Submitted:	Mayor, Broward County
by Town of Davie Fire Rescue Approved as Submitted:	Mayor, Broward County Board of County Commissioners Mayor, Broward County



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

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STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	СН	ECK TYPE OF APPLICATIO	N FOR	CLASSIFICATION (F SERVIC	
		New		Renewal		
		Class 1 - ALS Rescue	\checkmark	Class 2 - ALS Trans	sfer	
		Class 3 - BLS Transport		Class 4 - ALS Air R	escue	
		Class 5 - Nonemergency N	ledical T	ransportation Servic	e (NEMTS)	
1.	City of Marg	ate Fire Rescue				
		Name of Servi	ce Goverr	nmental Entity		
	1811 Banks	Rd.	Marga	ate	FL	33063
		iling Address	City		State	Zip Code
	954-971-701	10				
	Tele	ephone				
	Carramanan	Anamay (Can Attached #4)				
2.		t Agency (See Attached #1) ner's Name			Email Add	KOCO
	OW	ners name			Linaii Add	1633
	Mai	iling Address	City		State	Zip Code
		(Governmental Entity a	ıttach na	mes of elected offici	als)	
	Dan Booker			954-971-701		oker@margatefl.com
3.	**************	neral Manager/Contact Person		Telephone		ail Address
		Ü				
4.	Date incorpora	ated/formation of business a	ssociatio	on: 1955	(Attach	ment # <u>1</u>
•	ach articles standing share	of incorporation; names a	nd add	ress of shareholde	ers along v	vith number o

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service (be specific):	
	Municipal boundaries of the City of Margate	
6.	Attach FCC license/communications contract	ct: (Attachment # 2)
7.	Address of present/proposed main station substations):	and any substations (attach list if more than three (3)
	Main Station: See Attached List	
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information:	(Attachment # 3)
	Non-governmental - provide a financial state Section 33.11.g.	tement as listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance:	(Attachment # 4)
	Provide copies of Certificates of Insurance - 3½ - 17(a)(1), Broward County Code of Ord	Non-governmental - Identified in Chapter 3½, Section linances.
	Governmental - refer to section Chapter 33	$\frac{1}{2}$ - 17(c), Broward County Code of Ordinances.
	NEW - must provide proof of ability to comp Ordinances for service requested.	ly with Chapter $3\frac{1}{2}$ - $17(a)(2)$, 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	d 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	s 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 inte	rfacility 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	nents are true a	na conect.
02		Fire Chief
Signature of Owner/Manager		Title
STATE OF FLORIDA Broward		
Sworn to (or affirmed) and subscribed before me this	24th day of _	January, 20 18, by
Daniel Booker		(name of person making statement).
		Delorah R Oron
DEBORAH R DVORA		(Signature of Notary Public - State of Florida)
Commission # GG 113988 Expires August 29, 2021 Bonded Thru Budget Notary Bervices		or Stamp Commissioned Name of Notary Public) OR Produced Identified:
	Type of I	dentification Produced:
Additional requirements for New applicants:		

All statements on this application and attachments are true and correct

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 \$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.

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/A Chair, EMS Review Committee
Recommendation/comments of County Administr Staff recommends renewal of said applicant for a Class 2	ator: - ALS Transfer Certificate of Public
Convenience and Necessity (COPCN).	
1/29/2018	ISAM
/ / Date	County Administrator or Designee
This application for a Class 2 - ALS Transfer COPCN	submitted
by City of Margate Fire Rescue	is hereby:
Approved as Submitted:	-
Approva de commission	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
Apploted de Alliellaed.	Mayor, Broward County
	Board of County Commissioners
Denied:	
bollion.	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 OB

NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

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	CHI	ECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVICE		
		New	\checkmark	Renewal			
		Class 1 - ALS Rescue	\checkmark	Class 2 - ALS Transfe	r		
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue		
		Class 5 - Nonemergency I	Medical T	ransportation Service ((NEMTS)		
1.	City of Planta	ation Fire Department					
		Name of Serv	ice Goverr	mental Entity			
	550 NW 65th	n Avenue	Planta	ation	FL	33317	
	Mai	ling Address	City		State	Zip Code	
	954-797-215	50					
	Tele	ephone					
2.							
	Owi	ner's Name			Email Add	ress	
	Mai	ling Address	City		State	Zip Code	
		(Governmental Entity	attach na	mes of elected officials	s)		
	E Langu Sta	verne Fire Chief		054 707 2450	lstea org	rns@psd.plantaiton.	
3.		earns, Fire Chief neral Manager/Contact Person		954-797-2150 Telephone		uil Address	
		is an individual graph of the control of the contro		releptions		/ taarooo	
4.	Date incorpora	ated/formation of business a	associatic	n: 1996	_ (Attachr	ment #)
	tach articles o standing share	of incorporation; names a s.)	and add	ress of shareholders	along w	vith number o	f

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service (be specific):		
	22.8 square miles - 85,000 residents		
6.	Attach FCC license/communications contract	(Attachment # 2)	
7.	Address of present/proposed main station ar substations):	nd any substations (attach list if more than three (3)	
	Main Station: Attachment 1		
	Substation:		
	Substation:		
	Substation:		
8.	Financial Information:	(Attachment #)	
	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 $3\frac{1}{2}$ - $17(a)(2)$, Broward County Code of	
10.	. Vehicle information: Complete and attach app	ropriate form.	
11.	. Personnel information: Complete and attach a	appropriate form.	
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for each	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 p	provided by State Law, include copy of DEA license.	
	B. Classes 1 and 4 - attach current medical tr	eatment protocols.	
	C. Class 2 and Class 3 - attach current interfa	cility transport protocols.	
	D. Identify staffing patterns and operational ho	ours for each state permitted vehicle in your fleet.	
13.	. Attach schedule of rates for services rendered	d (new or proposed).	

All statements on this application and attachr	ments are true and correct.
Signature of Owner/Manager	Fire Chief
 Signature of Owner/Manager	THE
STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed before me this	th day of January, 20 18, by
E. Laney Stearns	(name of person making statement).
CARY BLANCHARD MY COMMISSION # FF 237402	
* EXPIRES: June 27, 2019	(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).
- 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 \$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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints we	ere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/A	N/A
Date	Chair, EMS Review Committee
Recommendation/comments of County Administr Staff recommends renewal of said applicant for a Class 2	ator: - ALS Transfer Certificate of Public
Convenience and Necessity (COPCN).	
1/29/2018	(Time
/ Date	County Administrator or Designee
This application for a Class 2 - ALS Transfer 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



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	СН	ECK TYPE OF APPLICA	ATION FOR	CLAS	SIFICATION (OF SERVIC	E
		New	\checkmark	Rene	ewal		
		Class 1 - ALS Rescue	\checkmark	Clas	s 2 - ALS Trans	sfer	
		Class 3 - BLS Transpor	rt 🗆	Clas	s 4 - ALS Air F	Rescue	
		Class 5 - Nonemergen	cy Medical T	ransp	ortation Servic	e (NEMTS)	
1.	City of Pemb	oroke Pines Fire Rescue					
		Name of S	Service Goverr	nmenta	I Entity		
	9500 Pines Blvd., Bldg. B		Pemb	Pembroke Pines		FL	33024
	Mailing Address		City			State	Zip Code
	(954) 499-9600						
	Telephone						
2.	City of Pemb	oroke Pines					
	Owner's Name					Email Add	ress
	601 City Center Way		Pemb	Pembroke Pines		FL	33025
		ling Address	City			State	Zip Code
		(Governmental En	tity attach na	ımes d	of elected offic	ials)	
3.	Fire Chief John Picarello/Division Chief		ief John Per	ohn Penick (954) 499-96		jpenick@;ppines.com	
0.	General Manager/Contact Person			Telephone		Email Address	
4.	Date incorpor	ated/formation of busine	ss associatio	n: <u>Jar</u>	nuary 1960	(Attach	ment #)
•	tach articles standing share	of incorporation; names.)	es and add	ress	of shareholde	ers along v	vith number of

Page 1 of 3 additional pages may be added as needed

5.	Geographic area requesting to service (be specific):						
	The City of Pembroke Pines						
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: 9500 Pines Blvd., Bldg. B						
	Substation: See attached						
	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 of Ordinances for service requested.	with Chapter 3½ - 17(a)(2), Broward County Code of					
10	. Vehicle information: Complete and attach appr	ropriate form.					
11	. Personnel information: Complete and attach a	ppropriate form.					
	NEMTS PROVIDE copies of all required t Administrative Code Section 33.15.g, for ea	raining 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 p	Attach contract with a medical director as provided by State Law, include copy of DEA license.					
	B. Classes 1 and 4 - attach current medical tre	eatment protocols.					
	C. Class 2 and Class 3 - attach current interfacility transport protocols.						
	D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.						

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

(Rev. 9/15) ME201557914

All statements on this application and attach	nments are true and correct.
Signature of Owner/Manager	Fire Chief
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me this	name of person making statement).
DONNA M. DEVNEW Notary Public - State of Florida	(Signature of Notary Public - State of Florida)
My Comm. Expires May 3, 2018	(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission # FF 092735	Personally Known:OR Produced Identified:
	Type of Identification Produced:

Additional requirements for New applicants:

Non-governmental and NEMTS:

- 1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
- 2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
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- 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.	
NI/A	NIA
N/A Date	N/A Chair, EMS Review Committee
Recommendation/comments of County Administr Staff recommends renewal of said applicant for a Class 2	ator: - ALS Transfer Certificate of Public
Convenience and Necessity (COPCN).	
-	\bigcap \bigcap \bigcap \bigcap
1/26/2018	John
/ / Date	County Administrator or Designee
This application for a Class 2 - ALS Transfer COPCN	submitted
by City of Pembroke Pines Fire Rescue Department	is hereby:
Approved as Submitted:	
ripproved de colonidad.	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
Approved as Amended:	Mayor, Broward County
	Board of County Commissioners
Denied:	
	Mayor, Broward County
	Board of County Commissioner