



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. Care on transportation "LLC"  
Name of Service Governmental Entity

7300 W Mc Nab RD Tamarac FL 33321  
Mailing Address City State Zip Code

954 336 8419  
Telephone

2. Alvins Saint Fleur Caretransportation@gmail.com  
Owner's Name Email Address

6413 Catalina lane tamarac FL 33321  
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. Marc E Guirand 954-461-4208 Marcguirand26@gmail.com  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: July 10, 2017 (Attachment # 4)

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

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

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

*Pending: will have service with T-mobile.*

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

Main Station: 7300 W McNab RD; Tamarac FL, 33321

Substation: 6413 Catalina Ln; Tamarac FL, 33321

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 8 )

**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 # 9 )

*Pending*

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. *Pending - will be getting a van with wheelchair accessible.*

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.

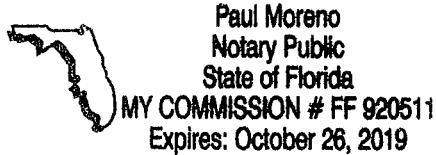
13. Attach schedule of rates for services rendered (new or proposed). *Attach #13*

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

Alvins Saint Fleur Signature of Owner/Manager Title CEO

STATE OF FLORIDA  
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 3rd day of AUGUST, 20 17, by  
ALVINS SAINT FLEUR (name of person making statement).



Paul Moreno  
 Notary Public  
 State of Florida  
 MY COMMISSION # FF 920511  
 Expires: October 26, 2019

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

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

Personally Known: \_\_\_\_\_ OR Produced Identified: X

Type of Identification Produced: FL DRIVER LICENSE

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). Previously turned in.
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.) Previously turned in.
3. Preceding five years business experience. Previously turned in.

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. Previously turned in.
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):**

On January 11, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to Careonetransportation "LLC", contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

January 11, 2018

Date



Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

January 11, 2018

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted by Careonetransportation "LLC" 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. RIDE WELL TRANSIT LLC

Name of Service Governmental Entity

<u>1424 NW 159 AVE</u>	<u>PEMBROKE PINES</u>	<u>FLORIDA</u>	<u>33028</u>
Mailing Address	City	State	Zip Code
<u>+1(305) 794-9518</u>			
Telephone			

kelvin.ridewell@gmail.com

2. KELVIN ORTIZ

Owner's Name	Email Address
--------------	---------------

<u>1424 NW 159 AVE</u>	<u>PEMBROKE PINES</u>	<u>FLORIDA</u>	<u>33028</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. KELVIN ORTIZ

General Manager/Contact Person

+1(305) 794-9518

Telephone

kelvin.ridewell@gmail.com

Email Address

4. Date incorporated/formation of business association: October 24th 2017 (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): \_\_\_\_\_  
 ENTIRE COUNTY
6. Attach FCC license/communications contract: (Attachment # Pending )
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):  
 Main Station: 1424 NW 159 AVE PEMBROKE PINES, FLORIDA 33028  
 Substation: \_\_\_\_\_  
 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).

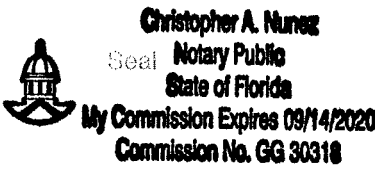
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

MGR  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 2 day of November, 20 17, by  
Kevin C. Ortiz. (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: Florida Divers License  
Exp. 09-15-2019

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):**

On January 11, 2018, the EMS Review Committee met and recommended approval of a NEMTS

license to Ride Well Transit LLC, contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

January 11, 2018

Date



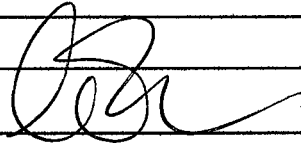
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

January 11, 2018

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted by Ride Well Transit LLC 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**