



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. 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. 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): \_\_\_\_\_

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: 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 31<sup>st</sup> day of January, 20 18, by  
Julie Downey (name of person making statement).



Courtney Tennyson  
Commission #FF931616  
Expires: October 28, 2019  
Bonded thru Aaron Notary

Courtney Tennyson  
(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: \_\_\_\_\_

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 \$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.

**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.

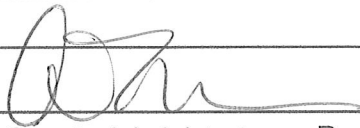
\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public  
Convenience and Necessity (COPCN).

\_\_\_\_\_  
2/2/2018  
Date

\_\_\_\_\_  
  
County Administrator or Designee

This application for a Class 2 - ALS Transfer COPCN submitted  
by Town of Davie Fire Rescue is hereby:

**Approved as Submitted:**

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

**Approved as Amended:**

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

**Denied:**

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





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 Margate Fire Rescue  
Name of Service Governmental Entity

<u>1811 Banks Rd.</u>	<u>Margate</u>	<u>FL</u>	<u>33063</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

954-971-7010  
Telephone

2. Government Agency (See Attached #1)  
Owner's Name Email Address

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<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)

<u>Dan Booker</u>	<u>954-971-7010</u>	<u>dbooker@margatefl.com</u>
<small>General Manager/Contact Person</small>	<small>Telephone</small>	<small>Email Address</small>

4. Date incorporated/formation of business association: 1955 (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): \_\_\_\_\_

Municipal boundaries of the City of Margate

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

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

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of January, 20 18, by  
Daniel Booker (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 \$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.

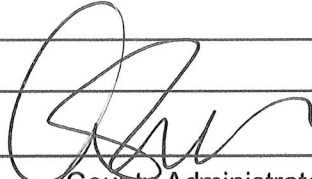
\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public Convenience and Necessity (COPCN).

\_\_\_\_\_  
1/29/2018  
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:**

\_\_\_\_\_  
**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. 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>

954-797-2150  
Telephone

2. \_\_\_\_\_  
Owner's Name Email Address

---

\_\_\_\_\_ \_\_\_\_\_  
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. E. Laney Stearns, Fire Chief 954-797-2150 lstearns@psd.plantaiton.org  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 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): \_\_\_\_\_  
 22.8 square miles - 85,000 residents  
 \_\_\_\_\_

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.

[Handwritten Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4th day of January, 20 18, by

E. Laney Stearns (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: X 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.

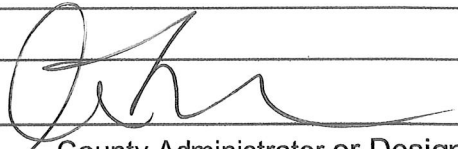
\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public Convenience and Necessity (COPCN).

\_\_\_\_\_  
1/29/2018  
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**





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. City of Pembroke Pines Fire Rescue Department  
Name of Service Governmental Entity

9500 Pines Blvd., Bldg. B	Pembroke Pines	FL	33024
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
(954) 499-9600			
<small>Telephone</small>			

2. City of Pembroke Pines  
Owner's Name

601 City Center Way	Pembroke Pines	FL	33025
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Fire Chief John Picarello/Division Chief John Penick jpenick@ppines.com  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: January 1960 (Attachment # \_\_\_\_\_)

(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 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: \_\_\_\_\_

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).

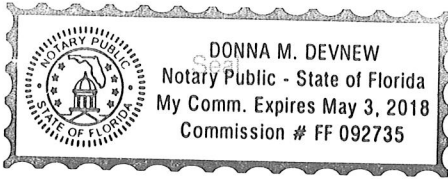
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 10 day of January, 2018, by \_\_\_\_\_ (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 \$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

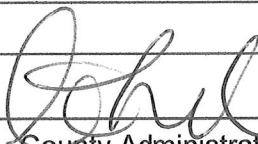
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**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 2 - ALS Transfer Certificate of Public Convenience and Necessity (COPCN).

---

1/26/2018  
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:**

\_\_\_\_\_  
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