



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 Hillsboro Beach, FL
Name of Service Governmental Entity

| | | | |
|---------------------|-----------------|-------|----------|
| 1210 Hillsboro Mile | Hillsboro Beach | FL | 33062 |
| Mailing Address | City | State | Zip Code |

954-427-4011
Telephone

www.townofhillsborobeach.com

2. Town of Hillsboro Beach, FL
Owner's Name Email Address

| | | | |
|---------------------|-----------------|-------|----------|
| 1210 Hillsboro Mile | Hillsboro Beach | FL | 33062 |
| Mailing Address | City | State | Zip Code |

(Governmental Entity attach names of elected officials)

3. Town Manager, Mac Serda 954-427-4011 mserda@townofhillsborobeach.com
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 1939 (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): _____
Town of Hillsboro Beach - Boundaries Attached As Attachment #2

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: N/A - Through Contract

Substation: N/A - Through Contract

Substation: N/A - Through Contract

Substation: N/A - Through Contract

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 # On File)

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.

William M. Serda
Signature of Owner/Manager

Town Manager
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 14 day of March, 20 18, by
William Mac Serda (name of person making statement).



Mariana El-Sayed
(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 _____ 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).

_____ 3/29/2018 _____
Date County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted by Town of Hillsboro Beach, 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**