



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. The Sheriff of Broward County  
Name of Service Governmental Entity

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<u>2601 W. Broward Blvd</u>	<u>Ft. Lauderdale</u>	<u>FL</u>	<u>33312</u>
Mailing Address	City	State	Zip Code

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954-831-8200  
Telephone

2. The Sheriff of Broward County  
Owner's Name Email Address

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<u>2601 W. Broward Blvd</u>	<u>Ft. Lauderdale</u>	<u>FL</u>	<u>33312</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Joseph R. Fernandez, Fire Chief Joseph\_Fernandez@sh  
954-831-8200 eriff.org

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General Manager/Contact Person	Telephone	Email Address
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4. Date incorporated/formation of business association: N/A (Attachment #     )

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

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
Unincorporated Broward County, FLL, Port Everglades and Contracted Cities

6. Attach FCC license/communications contract: (Attachment # 1 )

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

Main Station: 2601 W. Broward Blvd. Ft. Lauderdale, FL 33312

Substation: (see attached sheet for additional stations)

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 of Owner/Manager

Fire Chief  
\_\_\_\_\_  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 14<sup>th</sup> day of August, 20 18, by  
Joseph R. Fernandez (name of person making statement).



\_\_\_\_\_  
(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.

