

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

	СН	IECK TYPE (OF APPLICATION	FOR	CLASSIFICATION	OF SERVIC	E
		New			Renewal		
		Class 1 - A	LS Rescue		Class 2 - ALS Tran	sfer	
		Class 3 - E	BLS Transport		Class 4 - ALS Air I	Rescue	
	\checkmark	Class 5 - N	lonemergency Me	dical T	ransportation Servi	ce (NEMTS	5)
1.	ANDGO GF	ROUP LLC,	d/b/a Atlantic Trar			1444	
	EO1 COLDE	EN IOLEO DE	RIVE SUITE 206		•	FL	33009
		ailing Address	IVE SOITE 200	City	idale Beach	State	Zip Code
	+1 (954) 28	9-9054, 85	5-668-3330 (Toll-F	ree nu	ımber)		
	Tel	lephone					
_	Andrei Gorshkov				andgogroup@	gmail.com	
2.	Owner's Name			Email Address		ddress	
	19380 Colli	ns av apt.326	3	Sunny	/ Isles Beach	FL	33160
		ailing Address		City		State	Zip Code
		(Gove	rnmental Entity at	tach na	mes of elected office		_
3.	Andrei Gors	shkov			+1(786) 325	5 /10/	ndgogroup@g
J.			/Contact Person		Telephone		nail Address
4.	Date incorpo	rated/formati	on of business as	sociatio	on: 10/11/2017	(Attac	hment # <u>1 </u>)
(At	ach articles	of incorpor	ation; names ar	nd add	ress of sharehold	ders along	with number of

outstanding shares.)

5.	Broward County				
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: 501 Golden Isles Dr 206E Hallandale Beach FL 33009 SUITE 206-E HA				
	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 $3\frac{1}{2}$ - $17(a)(2)$, 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 Count 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).				

(Rev. 9/15) ME201557914 Page 2 of 3

All statements on this application and a	ttachments are true and correct.
A. 26 hur >	owner.
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Drown	
Sworn to (or affirmed) and subscribed before n	ne this <u>24th</u> day of <u>March</u> , 20 <u>18</u> , b
Vladimir Kostritsyn My Commission Expires March 06, 2021	(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public
Commission No. GG 80170	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.

- 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.

On September 6, 2018, the EMS Review Committee met and r	recommended approval of a NEMTS license to
Andgo Group LLC d/b/a Atlantic Transportation Services, conti	ngent upon completion of remaining requirements
for NEMTS as addressed in Chapter 31/2, Broward County Cod	le of Ordinances, for said provider.
September 6, 2018	Lanta -
Date	Chair, EMS Review Committee
Recommendation/comments of County Administ	rator:
Staff recommends issuance of said license.	
September 6, 2018	Gollen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transportation by Andgo Group LLC d/b/a Atlantic Transportation Services	submitted is hereby:
Approved as Amended:	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



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY OR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

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STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE					
	Ø	New		Renewal		
		Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
	Z	Class 5 - Nonemergency M	edical T	ransportation Service	(NEMTS)	
1.	ON TIME MO	OBILITY TRANSPORT INC				
		Name of Service	e Govern	nmental Entity		
	8907 NW 28	TH DR #F	CORA	AL SPRINGS	FL	33065
	Mai	ling Address	City		State	Zip Code
	954-422-245	51				
	Tele	ephone				
				ONTIMEMOBILITYT	RANSPOR'	T@GMAIL.COM
2.	BRUNO GO				Email Ado	trace
	Ow	ner's Name				
	8907 NW 28	TH DR #F		AL SPRINGS	FL	33065
	Mai	iling Address	City		State	Zip Code
		(Governmental Entity a	ttach na	ames of elected official	s)	
						TIMEMOBILITYTRA
3.	BRUNO GO			954-422-2451		PORT@GMAIL.COM
	Ger	neral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpora	ated/formation of business as	ssociatio	on: <u>02/18/2018</u>	_ (Attach	ment # 2

Page 1 of 3 additional pages may be added as needed

(Attach articles of incorporation; names and address of shareholders along with number of

outstanding shares.)

	Davie				
5.	Geographic area requesting to service (be specific): Tamarac, Sonrise, Plantion, Ft. Lauderchle				
	PARKLAND, DEERFIELD, CORAL SPRINGS, POMPANO BEACH, MARGATE, OAKLAND PARK				
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: 8907 NW 28TH DR# F CORAL SPRINGS, FL 33065				
	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 # 17)				
	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).				

(Rev. 9/15) ME201557914

	President
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Palm Beach	
Sworn to (or affirmed) and subscribed before me th	nis $197h$ day of $9ay$, 20 18 , by
Bruno Gordillo	(name of person making statement).
\	Rober Jack
KELIN TACHER Notary Public - State of Florida	(Signature of Notary Public - State of Florida)
Commission # GG 130450 My Comm. Expires Sep 26, 2021	(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.

- 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.

On September 6, 2018, the EMS Review Committee met an	nd recommended approval of a NEMTS license to
On Time Mobility Transport Inc, contingent upon completion	of remaining requirements for NEMTS as addressed
in Chapter 31/2, Broward County Code of Ordinances, for sai	id provider.
September 6, 2018	Bit.
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
September 6, 2018	Allen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transport by On Time Mobility Transport Inc	ortation Services License submitted is hereby:
Approved as Amended	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

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STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	СНЕ	CK TYPE OF APPLICATION	ON FOR	CLASSIFICATION (OF S ERVI CI	E	
	Ø	New		Renewal			
		Class 1 - ALS Rescue		Class 2 - ALS Trans	sfer		
		Class 3 - BLS Transport		Class 4 - ALS Air F	lescue		
	Z	Class 5 - Nonemergency	Medical T	ransportation Servic	e (NEMTS)		
1.	Protective Me	edical Transportation of SC					
		Name of Sen	ice Goverr	nmental Entity			
	Mailing Address		City		State	Zip Code	
	6428 Flagler Street		Hollywe	bood	FL	33023	
	Telephone						
2.	Jude Dalberis			protectivemt@gmail.com			
۷.	Owner's Name				Email Add	ress	
	6428 Flagler Street		Hollyv	vood	FL	33023	
	Maili	ng Address	City		State	Zip Code	
		(Governmental Entity	attach na	mes of elected offic	ials)		
_	Lauriane Dall	horio		(786) 663-54	•	ectivemt@gmail.com	
3.		eral Manager/Contact Person		Telephone		ail Address	
4.	·	ted/formation of business			,	ment # 1)	
	standing shares	of incorporation; names s.)	anu auu	iess of stratefiolog	ris along v	vitii iluilibel Oi	

Page 1 of 3 additional pages may be added as needed

э.	To provide non emergency transportation services anywhere in Broward County.					
6.	6. Attach FCC license/communications contract:	(Attachment # 0)				
7.	Address of present/proposed main station and any su substations):	bstations (attach list if more than three (3)				
	Main Station: 6428 Flagler Street Hollywood, FL33023					
	Substation:					
	Substation:					
	Substation:					
8.	8. Financial Information: (Attachme	ent # <u>1</u>)				
	Non-governmental - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.					
	Governmental - copy of budget sheet.					
9.	9. Insurance: (Attachm	ent #)				
	Provide copies of Certificates of Insurance - Non-gove 3½ - 17(a)(1), Broward County Code of Ordinances.	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), B	Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.				
	NEW - must provide proof of ability to comply with Cha Ordinances for service requested.	pter 3½ - 17(a)(2), Broward County Code of				
10.	10. Vehicle information: Complete and attach appropriate f	form.				
11.	11. Personnel information: Complete and attach appropria	te form.				
	NEMTS PROVIDE copies of all required training Administrative Code Section 33.15.g, for each drive	information pursuant to Broward County er listed on form B-2.				
12.	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	B. Classes 1 and 4 - attach current medical treatment protocols.				
	C. Class 2 and Class 3 - attach current interfacility tran	C. Class 2 and Class 3 - attach current interfacility transport protocols.				
	D. Identify staffing patterns and operational hours for e	each state permitted vehicle in your fleet.				
13.	13. Attach schedule of rates for services rendered (new or	proposed).				

(Rev. 9/15) ME201557914

July Sant	Owner/President
Signature of Owner Manager	Title
STATE OF FLORIDA COUNTY OF Branged	,
Sworn to (or affirmed) and subscribed before me the	nis
ANTONID STANLEY Notary Public, State of Florida Commission# GG 9651	(Signature of Notary Public - State of Florida)
My comm. expires July 7, 2020	(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.

- 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.

On September 6, 2018, the EMS Review Committee met an	d recommended approval of a NEMTS license to
Protective MedicalTransportation of So. FL., Inc., contingent	upon completion of remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County C	ode of Ordinances, for said provider.
September 6, 2018	July Committee
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
	Δ
September 6, 2018	Other
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	rtation Services License submitted is hereby:
Approved as Submitted:	
	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
Approvou de /unendean	Mayor, Broward County Board of County Commissioners
Denied:	
20.1104.	Mayor, Broward County
	Board of County Commissioner



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

Сп	ECK TYPE OF APPLICATION	JN FUR	CLASSIFICATION O	r senvi	- E
\checkmark	New		Renewal		
	Class 1 - ALS Rescue		Class 2 - ALS Transf	fer	
	Class 3 - BLS Transport		Class 4 - ALS Air Re	escue	
\checkmark	Class 5 - Nonemergency	∕ledical T	ransportation Service	(NEMTS	3)
Ready 2 Tran					
	Name of Serv	ice Govern	nmental Entity		
15622 SW 59 S	treet	Miami		FL	33193
Ma	iling Address	City		State	Zip Code
305) 267.395	0				
Tele	ephone	,	ready2transfer954@g	mail.com	
Alean Machao	lo		,		
Ow	ner's Name			Email Ad	ldress
15622 SW 59 \$	Street	Miami		FL	33193
Ма	iling Address	City		State	Zip Code
	(Governmental Entity	attach na	mes of elected officia		adv2transfar054@av
Elba Antunez	:		305) 267.3950		ady2transfer954@gr .com
	neral Manager/Contact Person		Telephone	Er	nail Address
Ge	neral Managen Contact 1 erson		•		

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

5.	Geographic area requesting to service (be specific):				
	Entire Broward 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: 4000 Hollywood Blvd. Suite 555-S , Hollywood FL. 33021				
	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.	D. 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).



au	President
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Florida	
Sworn to (or affirmed) and subscribed before me this Alean Machado	day of April , 20 18 , by (name of person making statement).
ELBA E. ANTUNEZ MY COMMISSION # GG 001742 EXPIRES: June 28, 2020 Bonded Thu Budget Natary Sentese	(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.

- 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.

On September 6, 2018, the EMS Review Committee met an	d recommended approval of a NEMTS license to
Ready 2 Transfer, Inc., contingent upon completion of remai	ning requirements for NEMTS as addressed
in Chapter 31/2, Broward County Code of Ordinances, for sai	d provider.
September 6, 2018 Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
September 6, 2018 Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	rtation Services License submitted
by Ready 2 Transfer, Inc.	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



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY OR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

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☑ New	☐ Renewal		
☐ Class 1 - ALS Rescue	e Class 2 - ALS	Transfer	
☐ Class 3 - BLS Transpo	ort 🗆 Class 4 - ALS	Air Rescue	
Class 5 - Nonemerge	ncy Medical Transportation Se	ervice (NEMTS)	
Tasha Services In	e db. Art T	Trans port	noite
Name o	f Service Governmental Entity	V	
757 SE 17 st	Fort Landurdale	FL	33316
Mailing Address	City	State	Zip Code
1800760 9859	-		
1031			
Telephone			approximation of the second
Telephone Marcela Pineira	info B	artrans port	stion net
Telephone Mircels Pineirs Owner's Name		artrans part Email Add	
Telephone Mircels Pineirs Owner's Name			
Telephone Mircelo Pineiro			
Telephone Mircels Pineirs Owner's Name 757 SE 1757 Mailing Address		State	
Telephone Mircels Pineirs Owner's Name 757 SE 1757 Mailing Address	City ntity attach names of elected	State Officials)	3/3/3/10 Zip Code
Telephone Mircels Pineirs Owner's Name 757 SE 1757 Mailing Address (Governmental E	City ntity attach names of elected	State	ろろろル Zip Code

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5.	Geographic area requesting to service (be specific): Drowsrol County				
6.	Attach FCC license/communications contract: (Attachment #)				
	Address of present/proposed main station and any substations (attach list if more than three (3) substations):				
	Main Station:				
	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 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).

14/1//	PD
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF	· · · · · · · · · · · · · · · · · · ·
Sworn to (or affirmed) and subscribed before me this	s = 20 day of, 20 17 , by
Marche A. Missing	(name of person making statement).
FANNY LEON MY COMMISSION # GG000706 EXPIRES July 24, 2020 (407) 398-0153 FloridaNotaryService.com	(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: + 1 Dr. Luc-

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 \$581.00 as of October 1, 2016, 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, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
- 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.

On September 6, 2018, the EMS Review Committee met an	d recommended approval of a NEMTS license to
Tasha Services, Inc. d/b/a Art Transportation, contingent upo	on completion of remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County C	ode of Ordinances, for said provider.
September 6, 2018	Suffin
Date	Chair, EM≸ Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
September 6, 2018	Goldon
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	rtation Services License submitted is hereby:
Approved as Submitted:	
Approved de Cabillitean	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
	Mayor, Broward County Board of County Commissioners
Denied:	
26.1164.	Mayor, Broward County
	Board of County Commissioner