

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

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 HALL

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).

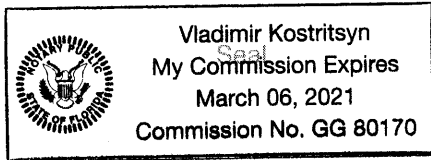
All statements on this application and attachments are true and correct.

[Signature] _____ Title owner
Signature of Owner/Manager

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 24th day of March, 20 18, by
Andrei Gokhlov (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: Passport

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.

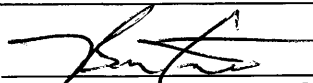
All applicants:

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):**

On September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to
Andgo Group LLC d/b/a Atlantic Transportation Services, contingent upon completion of remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

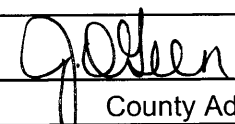
September 6, 2018
Date


Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

September 6, 2018
Date


County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by Andgo Group LLC d/b/a Atlantic Transportation Services **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. ON TIME MOBILITY TRANSPORT INC
Name of Service Governmental Entity

| | | | |
|---------------------------|----------------------|-----------|--------------|
| <u>8907 NW 28TH DR #F</u> | <u>CORAL SPRINGS</u> | <u>FL</u> | <u>33065</u> |
| Mailing Address | City | State | Zip Code |

954-422-2451
Telephone

ONTIMEMOBILITYTRANSPORT@GMAIL.COM

2. BRUNO GORDILLO
Owner's Name Email Address

| | | | |
|---------------------------|----------------------|-----------|--------------|
| <u>8907 NW 28TH DR #F</u> | <u>CORAL SPRINGS</u> | <u>FL</u> | <u>33065</u> |
| Mailing Address | City | State | Zip Code |

(Governmental Entity attach names of elected officials)

3. BRUNO GORDILLO 954-422-2451 ONTIMEMOBILITYTRANSPORT@GMAIL.COM
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 02/18/2018 (Attachment # 2)

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

5. Geographic area requesting to service (be specific): ^{Davie} Tamarac, Sunrise, Plantation, Ft. Lauderdale
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).

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

[Signature]
Signature of Owner/Manager

President
Title

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 19th day of May, 20 18, by
Bruno Gordillo (name of person making statement).



[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):**

On September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to
On Time Mobility Transport Inc, contingent upon completion of remaining requirements for NEMTS as addressed
in Chapter 3½, Broward County Code of Ordinances, for said provider.


September 6, 2018
Date


Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

September 6, 2018
Date


County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by On Time Mobility Transport 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**



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. Protective Medical Transportation of SO. FL., INC
Name of Service Governmental Entity

| Mailing Address | City | State | Zip Code |
|---------------------|-----------|-------|----------|
| 6428 Flagler Street | Hollywood | FL | 33023 |
| Telephone | | | |

protectivemt@gmail.com

2. Jude Dalberis
Owner's Name Email Address

| Mailing Address | City | State | Zip Code |
|---------------------|-----------|-------|----------|
| 6428 Flagler Street | Hollywood | FL | 33023 |

(Governmental Entity attach names of elected officials)

protectivemt@gmail.com

3. Lauriane Dalberis (786) 663-5463
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 02/20/2018 (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): _____

To provide non emergency transportation services anywhere in Broward County.

6. Attach FCC license/communications contract: (Attachment # 0)

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

Main Station: 6428 Flagler Street Hollywood, FL33023

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 # 1)

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).

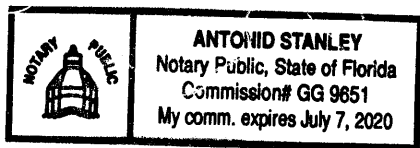
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Owner/President
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7th day of May, 20 18, by
Jude Dalberis (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: FD

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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to
Protective Medical Transportation of So. FL., Inc., contingent upon completion of remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



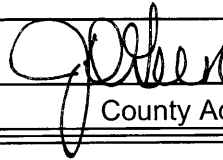
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by Protective Medical Transportation of So. 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**



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. Ready 2 Transfer, Inc.
Name of Service Governmental Entity

| | | | |
|--------------------|-------|-------|----------|
| 15622 SW 59 Street | Miami | FL | 33193 |
| Mailing Address | City | State | Zip Code |

305) 267.3950
Telephone

ready2transfer954@gmail.com

2. Alean Machado
Owner's Name Email Address

| | | | |
|--------------------|-------|-------|----------|
| 15622 SW 59 Street | Miami | FL | 33193 |
| Mailing Address | City | State | Zip Code |

(Governmental Entity attach names of elected officials)

| | | |
|--------------------------------|---------------|-----------------------------|
| 3. <u>Elba Antunez</u> | 305) 267.3950 | ready2transfer954@gmail.com |
| General Manager/Contact Person | Telephone | Email Address |

4. Date incorporated/formation of business association: 07/05/2016 (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 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. 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

President
Title

STATE OF FLORIDA
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 19th day of April, 20 18, by
Alean Machado (name of person making statement).

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



ELBA E. ANTUNEZ
MY COMMISSION # GG 001742
EXPIRES: June 28, 2020
Bonded thru Budget Notary Services

(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):**

On September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to
Ready 2 Transfer, Inc., contingent upon completion of remaining requirements for NEMTS as addressed
in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



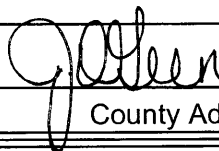
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation 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**



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. Tasha Services Inc dba Art Transportation
 Name of Service Governmental Entity

| | | | |
|----------------------|------------------------|-----------|--------------|
| <u>757 SE 17 st</u> | <u>Fort Lauderdale</u> | <u>FL</u> | <u>33316</u> |
| Mailing Address | City | State | Zip Code |
| <u>1800 760 9859</u> | | | |
| Telephone | | | |

2. Marcelo Pineda info@arttransportation.net
 Owner's Name Email Address

| | | | |
|---------------------|------------------------|-----------|--------------|
| <u>757 SE 17 st</u> | <u>Fort Lauderdale</u> | <u>FL</u> | <u>33316</u> |
| Mailing Address | City | State | Zip Code |

(Governmental Entity attach names of elected officials)

3. Marcelo Pineda 305 636 3616 info@arttransportation.net
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 02-14-2003 (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 # 2)

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

Main Station: Att

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.

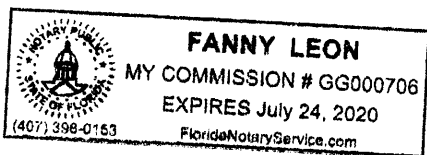
13. Attach schedule of rates for services rendered (new or proposed).

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

[Signature]
Signature of Owner/Manager Title PD

STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2017, by
Harold A. Posing (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: FL D.C. 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).
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 \$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).
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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to
Tasha Services, Inc. d/b/a Art Transportation, contingent upon completion of remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



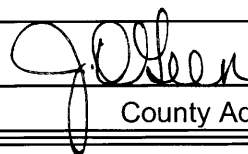
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by Tasha Services, Inc. d/b/a Art Transportation **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**