

#### 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

СН	ECK TYPE OF APPLICATIO	N FOR C	LASSIFICATION O	F SERVIC	E
	New		Renewal		
	Class 1 - ALS Rescue		Class 2 - ALS Trans	fer	
	Class 3 - BLS Transport		Class 4 - ALS Air Re	escue	
$\checkmark$	Class 5 - Nonemergency M	edical Tra	ansportation Service	(NEMTS	)
ANDGO GR	OUP LLC, d/b/a Atlantic Tra				
	Name of Service	ce Governm	nental Entity		
501 GOLDE	N ISLES DRIVE SUITE 206	Halland	lale Beach	FL	33009
Ma	iling Address	City		State	Zip Code
+1 (954) 289	9-9054, 855-668-3330 (Toll	-Free nun	nber)		
<del></del>	ephone				
Andrei Gors	hkov		andgogroup@g	mail.com	
	ner's Name			Email Ad	dress
19380 Collin	ns av apt.326	Sunny	Isles Beach	FL	33160
	iling Address	City		State	Zip Code
	(Governmental Entity a	ttach nam	nes of elected officia	als)	
Andrei Gors	hkov		+1(786) 325-	A10A	ndgogroup@g
Ge	neral Manager/Contact Person		Telephone		nail Address
Date incorpor	ated/formation of business as	sociation	: 10/11/2017	(Attach	nment # <u>1</u>
ttach articles	of incorporation; names a	nd addre	ess of shareholde	rs along	with number o

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5.	Geographic area requesting to service (be s  Broward County	pecific):
6.	Attach FCC license/communications contract	t: (Attachment # 2)
7.	Address of present/proposed main station a substations):	and any substations (attach list if more than three (3)
	Main Station: 501 Golden Isles Dr 206E Hall	andale Beach FL 33009 SUITE 206-E HA
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information:	(Attachment # 3
	Non-governmental - provide a financial state Section 33.11.g.	ement as listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance:	(Attachment # 4 )
	Provide copies of Certificates of Insurance - I 3½ - 17(a)(1), Broward County Code of Ordi	Non-governmental - Identified in Chapter 3½, Section nances.
	Governmental - refer to section Chapter 31/2	- 17(c), Broward County Code of Ordinances.
	<b>NEW</b> - must provide proof of ability to comply Ordinances for service requested.	y with Chapter 3½ - 17(a)(2), Broward County Code of
10.	Vehicle information: Complete and attach ap	propriate form.
11.	Personnel information: Complete and attach	appropriate form.
	NEMTS <b>PROVIDE</b> copies of all required Administrative Code Section 33.15.g, for each of the section of the sect	training information pursuant to Broward County 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 interf	acility transport protocols.
	D. Identify staffing patterns and operational h	nours for each state permitted vehicle in your fleet.

Page 2 of 3

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

(Rev. 9/15) ME201557914

All statements on this application and at	tachments are true and correct.
A. Jun >	owner.
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed before me	e this <u>24th</u> day of <u>March</u> , 20 <u>18</u> , by (name of person making statement).
Vladimir Kostritsyn	(name of person making statement).
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: 255 por

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	recommended approval of a NEMTS license to
Andgo Group LLC d/b/a Atlantic Transportation Services, cont	ingent upon completion of remaining requirements
for NEMTS as addressed in Chapter 31/2, Broward County Cod	de of Ordinances, for said provider.
September 6, 2018  Date	Chair, EMS Review Committee
Recommendation/comments of County Adminis	trator:
Staff recommends issuance of said license.	
September 6, 2018	Chollen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transportation by Andgo Group LLC d/b/a Atlantic Transportation Services	submittedis hereby:
Approved as Submitted:  Approved as Amended:	Mayor, Broward County Board of County Commissioners
Denied:	Mayor, Broward County Board of County Commissioners
20.11041	Mayor, Broward County



## 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 A	FFLICATION	FUK	CLASSIFICATION (	OL SEKAIC	<b>C</b>
	☑ New			Renewal		
	☐ Class 1 - ALS F	escue		Class 2 - ALS Trans	sfer	
	☐ Class 3 - BLS T	ansport		Class 4 - ALS Air F	Rescue	
	☑ Class 5 - Noner	nergency Me	dical T	ransportation Servic	e (NEMTS)	
1.	ON TIME MOBILITY TRANSF	PORT INC				
	N	lame of Service	Govern	nmental Entity		
	8907 NW 28TH DR #F	4	CORA	AL SPRINGS	FL	33065
	Mailing Address		City		State	Zip Code
	954-422-2451					
	Telephone					
2.	BRUNO GORDILLO			ONTIMEMOBILIT	YTRANSPOR	T@GMAIL.COM
	Owner's Name				Email Add	lress
	8907 NW 28TH DR #F		CORA	AL SPRINGS	FL	33065
	Mailing Address		City		State	Zip Code
	(Governme	ntal Entity atta	ach na	mes of elected offici	als)	
3.	BRUNO GORDILLO			954-422-245		TIMEMOBILITYTRA PORT@GMAIL.COM
J.	General Manager/Contact Person			Telephone	<del></del>	ail Address
4.	Date incorporated/formation of	business ass	ociatio	n: 02/18/2018	(Attach	ment # <u>2</u>
	tach articles of incorporation standing shares.)	; names and	d add	ress of shareholde	ers along v	vith number c

	EXMOL
	Page 6 of 20
	Davie
5.	Geographic area requesting to service (be specific): Tamarac, Sonrise, Plantion, Ft. Laderchle
	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 )
	<b>Non-governmental</b> - 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 - <b>Non-governmental</b> - 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).

Page 2 of 3

	President
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Pam Beach	
Sworn to (or affirmed) and subscribed before me t	his $19^{7h}$ day of $9^{18}$ , by
Bruno Gordillo	(name of person making statement).
	Rilen Jach
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).
- 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 ar	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 sa	id provider.
September 6, 2018	- BA
Date	Chair, EMS Review Committee
Recommendation/comments of County Admin	istrator:
Staff recommends issuance of said license.	
September 6, 2018	Oller
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	ortation Services License submitted is hereby:
Approved as Submitted:	
Approved as oublinitied.	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
	Mayor, Broward County Board of County Commissioners
Denied:	
2 0 1 10 0 1	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

	СН	ECK TYPE OF APPLICAT	ION FOR	CLASSIFICATION	OF S <b>ERV</b> IC	E
	$\mathbf{Z}$	New		Renewal		
		Class 1 - ALS Rescue		Class 2 - ALS Tran	sfer	
		Class 3 - BLS Transport		Class 4 - ALS Air F	Rescue	
	Ø	Class 5 - Nonemergency	Medical T	ransportation Service	ce (NEMTS)	
١.	Protective M	edical Transportation of SC	D. FL., INC			
		Name of Ser	vice Govern	nmental Entity		
	Mai	ling Address	City		State	Zip Code
	6428 Flagle		Hollyw	ood	FL	33023
	Tele	phone				
2.	Jude Dalberi	s		protectivemt@	gmail.com	
	Own	ner's Name			Email Add	ress
	6428 Flagler	Street	Hollyv	vood	FL	33023
	Mail	ling Address	City		State	Zip Code
		(Governmental Entity	attach na	mes of elected offic	ials)	
3.	Lauriane Dal	beris		(786) 663-54		ectivemt@gmail.com
•	Gen	eral Manager/Contact Person		Telephone		il Address
١.	Date incorpora	ated/formation of business	associatio	n: 02/20/2018	(Attachi	ment # <u>1</u>
	ach articles of tanding shares	of incorporation; names s.)	and add	ress of shareholde	ers along w	vith number o

5. Geographic area requesting to service (be specific):		ecific):			
	To provide non emergency transportation se	ervices anywhere in Broward County.			
6.	Attach FCC license/communications contract:	(Attachment # 0			
7.	Address of present/proposed main station an substations):	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 )			
	<b>Non-governmental</b> - 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 - <b>Non-governmental</b> - 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.			
	<b>NEW</b> - must provide proof of ability to comply Ordinances for service requested.	with Chapter 3½ - 17(a)(2), Broward County Code of			
10.	. Vehicle information: Complete and attach app	ropriate form.			
11. Personnel information: Complete and attach appropriate form.		ppropriate form.			
	NEMTS <b>PROVIDE</b> copies of all required the Administrative Code Section 33.15.g, for each	raining information pursuant to Broward County ach driver listed on form B-2.			
12.	. All COPCN applicants (if applicable):				
	A. Attach contract with a medical director as p	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	i (new or proposed).			

Page 2 of 3

(Rev. 9/15) ME201557914

herbuske with	Owner/President
Signature of Owner Manager	Title
STATE OF FLORIDA COUNTY OF Brance	h
Sworn to (or affirmed) and subscribed before me the	is
ANTONID STANLEY  Notary Public, State of Florida  Commission# GG 9651  My comm. expires July 7, 2020	(Signature of Notary Public - State of Florida)  (Print, Type, or Stamp Commissioned Name of Notary Public)
y comm. capites suly 7, 2020	Personally Known:OR Produced Identified:
	Type of Identification Produced: FCD

#### 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).
- 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).
- 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 ar	nd recommended approval of a NEMTS license to
Protective MedicalTransportation of So. FL., Inc., contingent	t upon completion of remaining requirements
for NEMTS as addressed in Chapter 31/2, Broward County C	Code of Ordinances, for said provider.
September 6, 2018	- French
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
	٨
September 6, 2018	Odoen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	ortation Services License submitted 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

СН	ECK TYPE OF APPLICATI	ON FOR CLA	ASSIFICATION OF	SERV	ICE
$\checkmark$	, New	□ Re	enewal		
	Class 1 - ALS Rescue	☐ Cla	ass 2 - ALS Transfe	ər	
	Class 3 - BLS Transport	□ Cl	ass 4 - ALS Air Re	scue	
	Class 5 - Nonemergency	Medical Trans	sportation Service	(NEMT	S)
Ready 2 Trai			Ald (B)		
	Name of Ser	vice Governmer	ntal Entity		
15622 SW 59 S	Street	Miami		FL	33193
Ma	iling Address	City		State	Zip Code
305) 267.395	0				
Tel	ephone	2	ready2transfer954@gr	mail.com	
Alean Machae	do		, 3		
Ow	ner's Name			Email /	Address
15622 SW 59	Street	Miami		FL	33193
Ма	iling Address	City		State	Zip Code
	(Governmental Entity	attach name	s of elected official		1.01
Elba Antunez	<u>2</u>		305) 267.3950		ready2transfer954@g ail.com
	neral Manager/Contact Person		Telephone		Email Address

(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.	Donding				
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 - <b>Non-governmental</b> - 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.				
	<b>NEW</b> - 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 <b>PROVIDE</b> 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). Page 2 of 3

(Rev. 9/15) ME201557914



au	President	
Signature of Owner/Manager	Title	
STATE OF FLORIDA COUNTY OF Florida		
Sworn to (or affirmed) and subscribed before me this	is $19^{th}$ day of $April 2018$	, by
Alean Machado	(name of person making stateme	ent).
Sea Elba E. Antunez	(Signature of Notary Public - State of Florida	 a)
MY COMMISSION # 96 001742  EXPIRES: June 28, 2020  Bonded Thru Budget Hotary Senters	(Print, Type, or Stamp Commissioned Name of Notary Pub 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
Ready 2 Transfer, Inc., contingent upon completion of remai	ining requirements for NEMTS as addressed
in Chapter 31/2, Broward County Code of Ordinances, for sai	id provider.
September 6, 2018	Linta
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
September 6, 2018	Gollen
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:	
, <b>, , , , , , , , , , , , , , , , , , </b>	Mayor, Broward County Board of County Commissioners
Approved as Amended:	
Approved de 7 une nacul	Mayor, Broward County
	<b>Board of County Commissioners</b>
Denied:	
	Mayor, Broward County
	Board of County Commissioner



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☐ Class 3 - BLS Transport	Class 4 - ALS Air F	Rescue	
☑ Class 5 - Nonemergency Medical	al Transportation Servic	e (NEMTS)	
Tasha Services Inc db Name of Service Go	" Art Tra	us bort	nocte
Name of Service Go	vernmental Entity	V	
757 SE 17 st Fort	La adverda le	FL	33316
Mailing Address City	1	State	Zip Code
1800760 9859			
Telephone			
Marcelo Pineiro	info B or	transport	stion net
Owner's Name		Email Add	Iress
757 SE 1757 FORLL	uderds le	FL	33314
Mailing Address City	,	State	Zip Code
(Governmental Entity attach	names of elected offici	als)	
Muccolo Pineiro	305 636 3616 Telephone	inpo	· @ Setronsp
		Eme	ail Addroce

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

5.	Geographic area requesting to service (be specific):				
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:				
	Substation:				
	Substation:				
	Substation:				
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10.	Vehicle information: Complete and attach appropriate form.				
11.	Personnel information: Complete and attach appropriate form.				
	NEMTS <b>PROVIDE</b> 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.				
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	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.				

Page 2 of 3

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 <u>20</u> day of	_, by
Marche A. Pipsing	(name of person making statement	ent).
FANNY LEON		
MY COMMISSION # GG000706	(Signature of Notary Public - State of Florid	la)
EXPIRES July 24, 2020  (407) 398-0153  FlorideNotsryService.com	(Print, Type, or Stamp Commissioned Name of Notary Pul	blic)
	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).
- 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).
- 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 ar	nd recommended approval of a NEMTS license to
Tasha Services, Inc. d/b/a Art Transportation, contingent up	on completion of remaining requirements
for NEMTS as addressed in Chapter 31/2, Broward County C	Code of Ordinances, for said provider.
September 6, 2018  Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	istrator:
Staff recommends issuance of said license.	
	^
September 6, 2018	alleon
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	ortation Services License submitted is hereby:
Approved as Submitted:  Approved as Amended:	Mayor, Broward County Board of County Commissioners
Denied:	Mayor, Broward County Board of County Commissioners
Demea.	Mayor, Broward County Board of County Commissioner