

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

✓ New☐ Class 1 - ALS Rescue☐ Class 3 - BLS Transpo	☐ Renewal ☐ Class 2 - ALS Tr	ansfer	
_	☐ Class 2 - ALS Tr	ansfer	
Class 3 - BI S Transpo			
Olass o - DEO Hanspo	rt Class 4 - ALS A	ir Rescue	
Class 5 - Nonemergen	cy Medical Transportation Sei	vice (NEMT	S)
CESS HELP, LLC			
Name of	Service Governmental Entity		
3 MIRAMAR PKWY	MIRAMAR	FL	33023
Mailing Address	City	State	Zip Code
Telephone			
CHAEL HOWELL	MHOWELLO	53@GMAIL	COM
Owner's Name		Email A	ddress
3 MIRAMAR PKWY	MIRAMAR	FL	33023
Mailing Address	City	State	Zip Code
(Governmental En	tity attach names of elected of	ficials)	
		Ň	MHOWELL053@ GMAIL.COM
General Manager/Contact Person	n Telephone	E	mail Address
	CESS HELP, LLC Name of 73 MIRAMAR PKWY Mailing Address 4) 940-0446 Telephone CHAEL HOWELL Owner's Name 73 MIRAMAR PKWY Mailing Address (Governmental Entertal CHAEL HOWELL	CESS HELP, LLC Name of Service Governmental Entity 73 MIRAMAR PKWY MIRAMAR Mailing Address City 4) 940-0446 Telephone CHAEL HOWELL Owner's Name 73 MIRAMAR PKWY MIRAMAR Mailing Address City (Governmental Entity attach names of elected of CHAEL HOWELL (954) 940-	CESS HELP, LLC Name of Service Governmental Entity 73 MIRAMAR PKWY MIRAMAR FL Mailing Address City State 4) 940-0446 Telephone CHAEL HOWELL MHOWELL053@GMAIL Owner's Name Email A 73 MIRAMAR PKWY MIRAMAR FL Mailing Address City State (Governmental Entity attach names of elected officials) CHAEL HOWELL (954) 940-0446

5.	Geographic area requesting to service (be specific):
	Miramar, Pembroke Pines, Hollywood, Hallandale Beach, West Park, and Pembroke Park
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: 6151 Miramar Pkwy, Miramar, FL, 33023
	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.

Page 2 of 3

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

All statements on this application and attachments are true and correct. STATE OF FLORIDA COUNTY OF Broward _ (name of person making statement). (Print, Type, or Stamp Commissioned Name of Notary Public) MY COMMISSION # FF995136 EXPIRES July 05, 2020 Personally Known:_____OR Produced Identified: _____ Type of Identification Produced: PAIVERS LICENSE # H400-540-61-061-0 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). A Hachment # 1, also emailed Letters e-mailed to rsluman@broward.or 2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.) Attachment # 5 3. Preceding five years business experience. Worked for Advanced Electrica Solutions, Inc. as an electrician.

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.

Recycle Contraction

- 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. Altachment #6

On October 23, 2018, the EMS Review Committee met and	recommended approval of a NEMTS license to
Access Help, LLC, contingent upon completion of remaining	requirements
for NEMTS as addressed in Chapter 31/2, Broward County C	code of Ordinances, for said provider.
October 24, 2018	BLES .
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
October 24, 2018	Olden
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	ertation Services License submitted
by Access Help, LLC	is hereby:
Approved as Submitted:	
	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
7,6610100 00 7,1110110001	Mayor, Broward County
	Board of County Commissioners
Denied:	
	Mayor, Broward County
	Board of County Commissioner

Broward County Environmental Protection and Growth Management Department Environmental and Consumer Protection Division



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	N FOR CLAS	SIFICATION OF	SER	/ICE
	New New	☐ Rene	ewal		
	Class 1 - ALS Rescue	☐ Class	s 2 - ALS Transfe	r	
	Class 3 - BLS Transport	☐ Class	s 4 - ALS Air Res	scue	
	Class 5 - Nonemergency Me	edical Transpo	ortation Service	(NEM	ΓS)
1.	ATC Medical Transport Corp				
	Name of Service	e Governmental	Entity		
	8358 W. Oakland Park Blvd. #202D	Sunrise		FL	33351
	Mailing Address	City		State	Zip Code
	305-799-8094				
	Telephone				
2.	Ivania Arquez			atcme	dical2014@yahoo.com
	Owner's Name			Email	Address
	8358 W. Oakland Park Blvd. #202D	Sunrise		FL	33351
	Mailing Address	City		State	Zip Code
	(Governmental Entity at	tach names c	of elected officials	s)	
3.	Lady Aguiar		305-799-80	94	atcmedical2014@yahoo.com
	General Manager/Contact Person		Telephone		Email Address
4.	Date incorporated/formation of business as	sociation: 07	/14/2014	_ (Atta	achment # 1

Page 1 of 3 additional pages may be added as needed

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

5.	Geographic area requesting to service (be specific): Broward County Exhibit 1 Page 6 of 16
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: 1250 SW 27th AVE Suite 507 MIAMI, FL 33135
	Substation: 8358 W Oakland Park Blvd #202D Sunrise, FL 33351
	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).

Page 2 of 3

All statements on this application and attacl	nments are true and correct.
	President
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF MIAMI DADE	
Sworn to (or affirmed) and subscribed before me thi	s 30 day of AUGUST, 20 18, by at of ATC Medical Travsport Corp. (name of person making statement).
Ivania Arquez, Fresider	(name of person making statement).
KARINA VAZQUEZ AY COMMISSION # FF 183666	(Signature of Notary Public - State of Florida)
EXPIRES: January 28, 2019 Bonded Thru Notary Public Underwriters	(Print, Type, or Stamp Commissioned Name of Notary Public)
The state of the s	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.

On October 23, 2018, the EMS Review Committee met and	recommended approval of a NEMTS license to
ATC Medical Transport Corp, contingent upon completion of	remaining requirements
for NEMTS as addressed in Chapter 3½, Broward County C	ode of Ordinances, for said provider.
October 24, 2018	Sent -
Date	Chair, EMS Review Committee
Recommendation/comments of County Admini	strator:
Staff recommends issuance of said license.	
	Λ Α
October 24, 2018	GOYben
Date	county Administrator or Designee
This application for a Nonemergency Medical Transpo	rtation Services License submitted
by ATC Medical Transport Corp	is hereby:
Approved as Submitted:	Marray Duranted County
	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

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 APPLICATIO	N FOR CLASSIFICATION O	F SERVIC	E
	1 New	Renewal		
	Class 1 - ALS Rescue	Class 2 - ALS Trans	fer	
	Class 3 - BLS Transport	Class 4 - ALS Air Re	escue	
	Class 5 - Nonemergency M	edical Transportation Service	(NEMTS)	
1.	Medical Transport Solutions	s, Inc.		
• •	Name of Service	ce Governmental Entity		
	16400 NW 14 Street	Pembroke Pines	FL	33028
	Mailing Address	City	State	Zip Code
	954-888-8682			
	Telephone			
2.	Daviel Marrero		mtransports	s716@gmail.com
	Owner's Name		Email Add	ress
	16400 NW 14 Street	Pembroke Pines	FL	33028
	Mailing Address	City	State	Zip Code
	(Covernmental Entity	ttach names of alasted official	ala)	
	(Governmental Entity a	ttach names of elected officia	ais)	
3.	Daviel Marrero	954-888-86	82 mtrans	sports716@gmail.com
	General Manager/Contact Person	Telephone	Ema	ail Address
1.	Date incorporated/formation of business as	ssociation: July 2016	(Attach	ment #1)

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

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

6	Attach	FCC	licanca	communicati	ons contract:	
ο.	Allach		licerise/	communicati	ons contract.	

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

Main Station: 16400 NW 14 Street, Pembroke Pines, FL 33028
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 # ____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).

Page 2 of 3

Exhibit 1 Page 11 of 16

All statements on this application and attach	ments are true and correct.
Jan Maj	Owner
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF BROWALD	
Sworn to (or affirmed) and subscribed before me this	and day of october, 20 18, by
Daviel Marrer	(name of person making statement).
STEPHANIE GRULLON NOTARY PUBLIC	(Signature of Notary Public - State of Florida)
STATE OF FLORIDA Comm# FF915862	(Print, Type, or Stamp Commissioned Name of Notary Public)
Expires 9/7/2019	Personally Known:OR Produced Identified: FLDV
	Type of Identification Produced: FL DL Meleo 16074387

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 \$607.00 as of October 1, 2018, 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, 2018 COPCN/License fees will be \$302.00 and Vehicle permit fees will be \$61.00).
- 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 October 23, 2018, the EMS Review Committee met and	recommended approval of a NEMTS	license to
Medical Transport Solutions, Inc., contingent upon complete	on of remaining requirements	
for NEMTS as addressed in Chapter 3½, Broward County C	Code of Ordinances, for said provider.	
October 24, 2018	LE	
Date	Chair, EMS Review Committe	ee
Recommendation/comments of County Admini	istrator:	
Staff recommends issuance of said license.		
	0	
October 24, 2018	J. Osben	
Date	County Administrator	or Designee
This application for a Nonemergency Medical Transport by Medical Transport Solutions, Inc.	ortation Services License	submitted is hereby:
Approved as Amended:	Mayor, Broward County Board of County Commis	ssioners
Approved as Amended:	Mayor, Broward County Board of County Commis	ssioners
Denied:	Mayor, Broward County Board of County Commis	ssioner



Broward County Environmental Protection and Growth Management Department Environmental and Consumer Protection Division

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 APPLICATI	ON FOR CLA	SSIFICATION O	F SERVIC	E
	■ New	☐ Rer	newal		
	☐ Class 1 - ALS Rescue	☐ Cla	ss 2 - ALS Trans	fer	
	Class 3 - BLS Transport	☐ Cla	ss 4 - ALS Air R	escue	
	Class 5 - Nonemergency	Medical Trans	portation Service	e (NEMTS)	
1.	Nice Transportation Service	e, Inc.			
	Name of Ser	vice Government	al Entity		
	2770 SW 23 ST	MIAMI		FL	33145
	Mailing Address	City		State	Zip Code
	305-774-4600				
	Telephone				
2.	Susana Jimenez			susyplg(@hotmail.com
	Owner's Name			Email Add	ress
	7455 SW 112 CT	MIAMI		FL	33173
	Mailing Address	City		State	Zip Code
	(Governmental Entity	attach names	of elected officia	als)	
3.	Susana Jimenez		305-774-46	00 susy	plg@hotmail.com
•	General Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorporated/formation of business a	association:	2-23-1993	(Attachr	ment #)
(Att	ach articles of incorporation; names	and address	of shareholde	rs along w	vith number of

5.	Geographic area requesting to service (be specific): Broward County			
	Attach FCC license/communications contract			
6.	Attach FCC license/communications contrac	t: (Attachment # —)		
7.	Address of present/proposed main station a substations):	and any substations (attach list if more than three (3)		
	Main Station: 500 E BROWARD BLVD, SUIT	ΓΕ 1710, FT. LAUDERDALE, FL 33394		
	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 - 13½ - 17(a)(1), Broward County Code of Ordin	Non-governmental - Identified in Chapter 3½, Section nances.		
	Governmental - refer to section Chapter 31/2	- 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.	ehicle information: Complete and attach appropriate form.			
11.	Personnel information: Complete and attach	appropriate form.		
	NEMTS PROVIDE 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 t	reatment 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.		
13.	Attach schedule of rates for services rendere	ed (new or proposed).		

ECPD201868838 Page 2 of 3

All statements on this application and attach	iments are true	and correct.	
Gez		PRESIDENT	
Signature of Owner/Manager		Title	
STATE OF FLORIDA COUNTY OF FLOYICA			
Sworn to (or affirmed) and subscribed before me this	s day of		, 20 <u>\&</u> , by
JANET VERDE MY COMMISSION # GG 040093 EXPIRES: October 19, 2020 Bonded Thru Notary Public Underwriters	, , , , , ,	(Signature of Notary Pe, or Stamp Commissioned	,
	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.)
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All applicants:

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- 2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2018 COPCN/License fees will be \$302.00 and Vehicle permit fees will be \$61.00).
- 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.

Transportation Service, Inc., contingent upon completion	of remaining requirements
IEMTS as addressed in Chapter 3½, Broward County Co	de of Ordinances, for said provider.
October 24, 2018	Philade
Date	Chair, EMS Review Committee
ommendation/comments of County Adminis	trator:
recommends issuance of said license.	
October 24, 2018	CA. Ollen
Date	County Administrator or Designee
application for a Nonemergency Medical Transport	ation Services License submitte
lice Transportation Service, 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
October 24, 2018 Date Ommendation/comments of County Adminis Frecommends issuance of said license. October 24, 2018 Date October 24, 2018 Date Approved as Submitted: Approved as Amended:	chair, EMS Review Committee trator: County Administrator or Design