



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. ACCESS HELP, LLC  
Name of Service Governmental Entity

7673 MIRAMAR PKWY	MIRAMAR	FL	33023
Mailing Address	City	State	Zip Code
(954) 940-0446			
Telephone			

2. MICHAEL HOWELL MHOWELL053@GMAIL.COM  
Owner's Name Email Address

7673 MIRAMAR PKWY	MIRAMAR	FL	33023
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. MICHAEL HOWELL MHOWELL053@GMAIL.COM  
General Manager/Contact Person Email Address

	<u>(954) 940-0446</u>	
	Telephone	Email Address

4. Date incorporated/formation of business association: 08/ 01/ 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): 5 AND 3  
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.

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

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

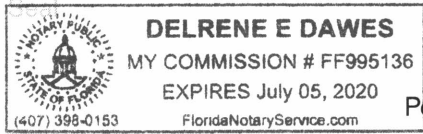
*Kadeam A. Howell*  
Signature of Owner/Manager

General Manager  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4<sup>TH</sup> day of September, 20 18, by  
Kadeam A. Howell (name of person making statement).

*Delrene E Dawes*  
(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: DRIVERS LICENSE  
# H400-540-61-061-0

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). ~~Attachment # 4, also e-mailed~~ Letters e-mailed to rsluman@broward.org
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. ~~N/A~~ Worked for Advanced Electrical 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.
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. Attachment # 6

**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

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 3½, Broward County Code of Ordinances, for said provider.

October 24, 2018

Date



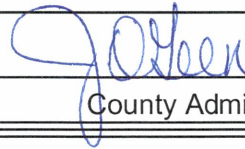
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

October 24, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Access Help, LLC **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  
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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**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. ATC Medical Transport Corp

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Name of Service Governmental Entity

8358 W. Oakland Park Blvd. #202D **Sunrise** **FL** **33351**

---

Mailing Address City State Zip Code

**305-799-8094**

---

Telephone

2. Ivania Arquez atcmedical2014@yahoo.com

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Owner's Name Email Address

8358 W. Oakland Park Blvd. #202D **Sunrise** **FL** **33351**

---

Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. Lady Aguiar **305-799-8094** atcmedical2014@yahoo.com

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General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 07/14/2014 (Attachment # 1 )

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

**Broward County**

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

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

*[Handwritten Signature]*

*President*

Signature of Owner/Manager

Title

STATE OF FLORIDA  
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 30 day of AUGUST, 20 18, by  
Ivania Arquez, President of ATC Medical Transport Corp (name of person making statement).



*[Handwritten 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: \_\_\_\_\_

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 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 Code of Ordinances, for said provider.

October 24, 2018

Date



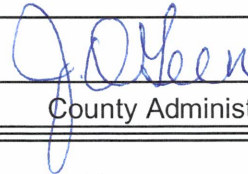
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

October 24, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** ATC Medical Transport Corp **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  
Environmental Protection and Growth Management Department  
Environmental and Consumer Protection Division

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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- 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. **Medical Transport Solutions, Inc.**

Name of Service Governmental Entity			
16400 NW 14 Street	Pembroke Pines	FL	33028
Mailing Address	City	State	Zip Code
954-888-8682			
Telephone			

2. **Daviel Marrero**

Owner's Name		mtransports716@gmail.com	
16400 NW 14 Street	Pembroke Pines	FL	33028
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. **Daviel Marrero**

General Manager/Contact Person	954-888-8682	mtransports716@gmail.com
Telephone	Email Address	

4. Date incorporated/formation of business association: July 2016 (Attachment # 1)

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

**Broward County**

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

6. Attach FCC license/communications contract: (Attachment # ~~N/A~~ ) PNI) 

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 # 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

Owner  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 2nd day of October, 20 18, by  
Daniel Marzuro (name of person making statement).



STEPHANIE GRULLON  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF915862  
Expires 9/7/2019

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

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: \_\_\_\_\_ OR Produced Identified: FL DL

Type of Identification Produced: FL DL M66016074387

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).
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 October 23, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
Medical Transport Solutions, Inc., contingent upon completion of remaining requirements  
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

October 24, 2018

Date



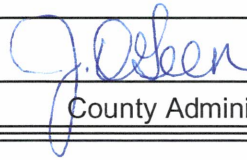
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

October 24, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Medical Transport Solutions, 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  
Environmental Protection and Growth Management Department  
Environmental and Consumer Protection Division

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. **Nice Transportation Service, Inc.**

Name of Service Governmental Entity			
<b>2770 SW 23 ST</b>	<b>MIAMI</b>	<b>FL</b>	<b>33145</b>
Mailing Address	City	State	Zip Code
<div style="display: flex; justify-content: space-between;"> <span style="width: 35%;"><b>305-774-4600</b></span> <span style="width: 65%;"></span> </div>			
Telephone			

2. **Susana Jimenez**

<b>Susana Jimenez</b>	<b>susyplg@hotmail.com</b>
Owner's Name	Email Address
<b>7455 SW 112 CT</b>	<b>MIAMI</b>
<b>FL</b>	<b>33173</b>
Mailing Address	City
	State
	Zip Code

(Governmental Entity attach names of elected officials)

3. **Susana Jimenez**

<b>Susana Jimenez</b>	<b>305-774-4600</b>	<b>susyplg@hotmail.com</b>
General Manager/Contact Person	Telephone	Email Address

4. Date incorporated/formation of business association: 02-23-1993 (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): 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: 500 E BROWARD BLVD, SUITE 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.

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C. Class 2 and Class 3 - attach current interfacility transport protocols.

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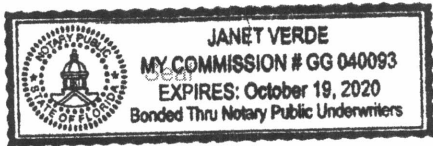
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

PRESIDENT  
Title

STATE OF FLORIDA  
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 2 day of October, 20 18, by  
Susana Jimenez (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: \_\_\_\_\_

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).
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**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

On October 23, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
\_\_\_\_\_  
Nice Transportation Service, Inc., contingent upon completion of remaining requirements  
\_\_\_\_\_  
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\_\_\_\_\_

October 24, 2018  
\_\_\_\_\_

Date



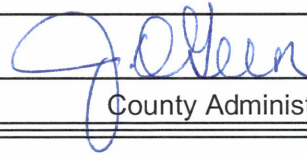
\_\_\_\_\_  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

\_\_\_\_\_  
Staff recommends issuance of said license.  
\_\_\_\_\_

October 24, 2018  
\_\_\_\_\_

Date



\_\_\_\_\_  
County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Nice 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**