



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. The City of Dania Beach  
Name of Service Governmental Entity

<u>100 W Dania Beach Blvd.</u>	<u>Dania Beach</u>	<u>FL</u>	<u>33304</u>
Mailing Address	City	State	Zip Code

954-924-6800  
Telephone

2. N/A  
Owner's Name Email Address

<u> </u>	<u> </u>	<u> </u>	<u> </u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Robert Baldwin, City Manager 954-924-6800 rbaldwin@daniabeachfl.gov  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 1904 (Attachment #  )

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

5. Geographic area requesting to service (be specific): \_\_\_\_\_  
Municipal Boundaries of Dania Beach

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

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

Main Station: 116 W Dania Beach Blvd Dania Beach

Substation: 2308A SW 42 street Dania Beach

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 # 2 )

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).

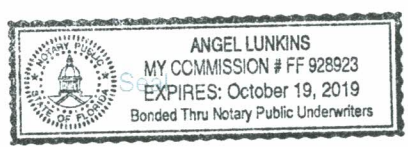
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

City Manager  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7 day of December, 20 18, by  
Robert Baldwin (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 (business or personal) **mailed or emailed to:**

**Mail: Environmental & Consumer Protection Division  
1 North University Drive, Mailbox 302  
Plantation, FL 33324-2038**

**Email: 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.)
- 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.





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  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. Town of Lauderdale-By-The-Sea  
Name of Service Governmental Entity

<u>4501 N. Ocean Drive</u>	<u>Lauderdale-By-The-Sea</u>	<u>FL</u>	<u>33308</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

954-640-4200  
Telephone

2. Town of Lauderdale-By-The-Sea budb@lbts-fl.gov  
Owner's Name Email Address

<u>4501 N. Ocean Drive</u>	<u>Lauderdale-by-the-Sea</u>	<u>FL</u>	<u>33308</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Ralph Bentley 954-640-4204 budb@lbts-fl.gov  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 11/30/1947 (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): \_\_\_\_\_

Within the municipal boundaries of the Town of Lauderdale-by-the-Sea

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: 4513 N. Ocean Drive, Lauderdale-by-the-Sea, Fl 33308

Substation: n/a

Substation: n/a

Substation: n/a

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).

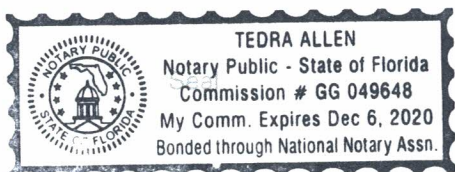
All statements on this application and attachments are true and correct.

*R Bentley*  
Signature of Owner/Manager

*TORON MANAGER*  
Title

STATE OF FLORIDA  
COUNTY OF *Broward*

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



*Tedra Allen*  
(Signature of Notary Public - State of Florida)

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

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

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

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 \$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):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is needed by the EMS Review Committee.

N/A  
Date

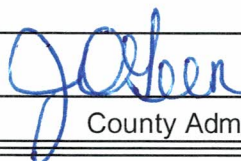
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public Convenience and Necessity (COPCN).

1-4-19

Date



County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by Town of Lauderdale-By-The-Sea 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**





5. Geographic area requesting to service (be specific): \_\_\_\_\_  
Municipal boundaries of the City of Lauderdale Lakes

6. Attach FCC license/communications contract: (Attachment # 3 )

\*Contract with the Broward Sheriff's Office

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

Main Station 3461 Northwest 43 Avenue, Lauderdale Lakes, Florida 33319

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 4 )

**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 # 5 ; 6 )

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. \*Contract with the Broward Sheriff's Office

11. Personnel information: Complete and attach appropriate form. \*Contract with the Broward Sheriff's Office

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): \*Contract with the Broward Sheriff's Office

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).







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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. City of Margate Fire Rescue  
Name of Service Governmental Entity

1811 Banks Rd.	Margate	FI	33063
Mailing Address	City	State	Zip Code
954-971-7010			
Telephone			

2. City of Margate  
Owner's Name Email Address

5790 Margate Blvd	Margate	FI	33063
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Dan Booker 954-971-7010 dbooker@margatefl.com  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 6/22/1961 (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): \_\_\_\_\_  
Municipal Boundaries of the City of Margate
6. Attach FCC license/communications contract: (Attachment # 1 )
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):  
Main Station: 5395 NW 24th Street Margate FL. 33063  
Substation: 600 Rock Island Rd. Margate Fl. 33063  
Substation: 5785 Park Dr. Margate Fl.33063  
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.
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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.
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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).

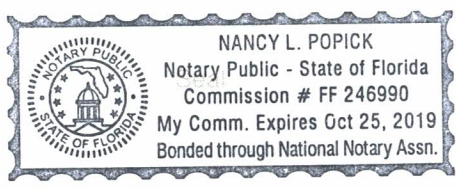
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

City Manager  
Title

STATE OF FLORIDA  
COUNTY OF BROWARD

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



Nancy L. Popick  
(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/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):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is  
needed by the EMS Review Committee.

\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public  
Convenience and Necessity (COPCN).

\_\_\_\_\_  
1-4-19  
Date

\_\_\_\_\_  
*J. Allen*  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by City of Margate Fire Rescue is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Approved as Amended:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioners

**Denied:**

\_\_\_\_\_  
Mayor, Broward County  
Board of County Commissioner





**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

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 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. **Town of Southwest Ranches**

Name of Service Governmental Entity			
13400 Griffin Road	Southwest Ranches	FL	33330
Mailing Address	City	State	Zip Code
954-434-0008			
Telephone			

2. **Town of Southwest Ranches (See attachment 1)**

Owner's Name			Email Address
13400 Griffin Road	Southwest Ranches	FL	33330
Mailing Address	City	State	Zip Code
			rmuniz@southwestranches.org

(Governmental Entity attach names of elected officials)

3. **Andrew D. Berns, Town Administrator**

954-434-0008	aberns@southwestranches.org
General Manager/Contact Person	Telephone Email Address

4. Date incorporated/formation of business association: June 6, 2000 (Attachment # 2)

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

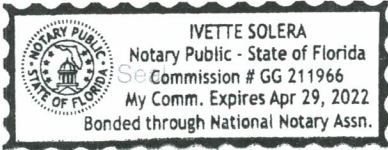
5. Geographic area requesting to service (be specific): \_\_\_\_\_  
\_\_\_\_\_
6. Attach FCC license/communications contract: (Attachment # 3 )
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):  
Main Station: FRS 82/112 - 1722 Griffin Road  
Substation: \_\_\_\_\_  
Substation: \_\_\_\_\_  
Substation: \_\_\_\_\_
8. Financial Information: (Attachment # 4A/4B )  
**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 # 5 )  
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.  
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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 of Owner/Manager Andy Bernis Title Town Administrator

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 31<sup>st</sup> day of December, 20 18, by Andy Bernis (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 (business or personal) **mailed or emailed to:**

**Mail: Environmental & Consumer Protection Division  
1 North University Drive, Mailbox 302  
Plantation, FL 33324-2038**

**Email: 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.)
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- 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):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is  
needed by the EMS Review Committee.

\_\_\_\_\_  
N/A  
Date

\_\_\_\_\_  
N/A  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public  
Convenience and Necessity (COPCN).

\_\_\_\_\_  
1-4-19  
Date

\_\_\_\_\_  
*J. Allen*  
County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by Town of Southwest Ranches 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

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1. **City of Sunrise Fire Rescue Department**

Name of Service Governmental Entity			
10440 West Oakland Park Blvd.	Sunrise	FL	33351
Mailing Address	City	State	Zip Code
954.746.3400			
Telephone			

2. **See Attachment #1 (City Officials)**

Owner's Name	954.746.3400
10440 West Oakland Park Blvd	FL
Mailing Address	State
Sunrise	33351
City	Zip Code

(Governmental Entity attach names of elected officials)

3. **John K. McNamara**

General Manager/Contact Person	954.746.3400	jmcnamara@sunrisefl.gov
	Telephone	Email Address

4. Date incorporated/formation of business association: '61 amended '71 (Attachment # 2 )

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

84,439 Municipal boundaries see Attachment #2.1

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

6. Attach FCC license/communications contract: (Attachment # 2.2 )

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

Main Station: See Attachment #2.3

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

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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.
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- 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).

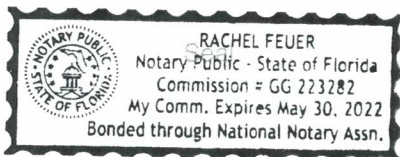
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Fire Chief  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 10 day of December, 2018, by  
John McNameera (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 (business or personal) **mailed or emailed to:**

**Mail: Environmental & Consumer Protection Division  
1 North University Drive, Mailbox 302  
Plantation, FL 33324-2038**

**Email: [rsluman@broward.org](mailto: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.)
- 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):**

Per BCC Chapter 3½, Section 3½-15(b), no complaints were filed for this agency, therefore no action is  
needed by the EMS Review Committee.

\_\_\_\_\_ N/A \_\_\_\_\_ N/A  
Date Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends renewal of said applicant for a Class 1 - ALS Rescue Certificate of Public  
Convenience and Necessity (COPCN).

1-4-19 \_\_\_\_\_ Golden \_\_\_\_\_  
Date County Administrator or Designee

This application for a Class 1 - ALS Rescue COPCN submitted  
by City of Sunrise Fire Rescue Department 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**