

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	IECK TYPE OF APPLICATION	ON FOR	CLASSIFICATION OF	SERVICE	
		New	\checkmark	Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
		Class 5 - Nonemergency N	/ledical T	ransportation Service	(NEMTS)	
	The City of I	Dania Beach				
		Name of Servi	ice Govern	mental Entity		
	100 W Dani	a Beach Blvd.	Dania	Beach	FL	33304
	Ma	iling Address	City		State	Zip Code
	954-924-680	00				
	Tel	ephone				
2.	N/A					
	Ow	ner's Name			Email Addı	ress
	Ma	iling Address	City		State	Zip Code
		(Governmental Entity a	attach na	mes of elected officials	s)	
3.	Robert Bald	win, City Manager		954-924-6800	rbald gov	win@daniabeachfl.
	Ge	neral Manager/Contact Person		Telephone	Ema	il Address
١.	Date incorpor	rated/formation of business a	ssociatio	n: 1904	_ (Attachr	nent #)
	tach articles standing share	of incorporation; names a	ınd addı	ress of shareholders	along w	ith number o

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).					

Page 2 of 3

(Rev. 9/15) ME201557914

All statements on this application and attach	ments are true and correct.
a Afall/k	City Manager
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed before me this	7 day of December, 20 18, by
Sepert Dolla 1/	(name of person making statement).
ANGEL LUNKINS MY CCMMISSION # FF 928923	
EXPIRES: October 19, 2019 Bonded Thru Notary Public Underwriters	(Signature of Notary Public State of Florida)
Sold Mar. Dolland Hill recally, a note of programme.	(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.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1-4-19	Obleen
Date	ounty Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	submitted
by City of Dania Beach	is hereby:
Approved as Submitted:	
т франции	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
, ipprovod do / illiondod.	Mayor, Broward County
	Board of County Commissioners
Denied:	
Domea.	
	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

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CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE						
	☐ New	Renewal				
	Class 1 - ALS Rescue	Class 2 - ALS Transfe	r			
	Class 3 - BLS Transport	Class 4 - ALS Air Res	scue			
	Class 5 - Nonemergency I	Medical Transportation Service ((NEMTS	5)		
1.	Town of Lauderdale-By-The-S	Sea				
• •		vice Governmental Entity		<u> </u>		
	4501 N. Ocean Drive	Lauderdale-By-The-Sea	FI	33308		
	Mailing Address	City	State	Zip Code		
	954-640-4200					
	Telephone					
2.	Town of Lauderdale-By-The-S	Sea	budbo	@lbts-fl.gov		
	Owner's Name		Email Ad	ldress		
	4501 N. Ocean Drive	Lauderdale-by-the-Sea	FI	33308		
	Mailing Address	City	State	Zip Code		
	(Governmental Entity	attach names of elected officials	s)			
3.	Ralph Bentley	954-640-42	04 bı	udb@lbts-fl.gov		
0.	General Manager/Contact Person	Telephone	Em	nail Address		
4.	Date incorporated/formation of business a	association: 11/30/1947	_ (Attacl	nment #)		
	ach articles of incorporation; names a standing shares.)	and address of shareholders	along	with number of		

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: 11/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.

ME201868838 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.

Bernter	Town Montger
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF COUNTY OF	
Sworn to (or affirmed) and subscribed before me thi	s $\frac{18}{3}$ day of $\frac{18}{3}$, by
halph Bud Bentley	(name of person making statement)
TEDRA ALLEN Notary Public - State of Florida Commission # GG 049648	(Signature of Notary Public - State of Florida)
My Comm. Expires Dec 6, 2020 Bonded through National Notary Assn.	(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 \$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).
- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1-4-19	Ocycen
Date	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	aubmitted
	submitted
by Town of Lauderdale-By-The-Sea	is hereby:
Approved as Submitted:	
	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
Approved do Ameridad.	Mayor, Broward County
	Board of County Commissioners
	·
Denied:	
	Mayor, Broward County
	Board of County Commissioner



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

		ECK TYPE OF	APPLICATION	FOR CL	ASSIFICATION OI Renewal	F SERVICE	
	X	Class 1 - ALS	Rescue		Class 2 - ALS Tra	nsfer	
		Class 3 - BLS Class 5 - None			Class 4 - ALS Air sportation Service		
1.	-	City of Lauderd	ale Lakes				
			Name of Service	e Gover	nmental Entity		
	4300	Northwest 36 th	Street Lauderda	ale Lake	s Florida 33319		
		ling Address		City		State	Zip Code
			954-535-2700				
	Tel	lephone					
2.			t Applicable (Go	vernme	ntal Entity		
Owner's Name Email Addre				ress			
	Mai	ling Address		City		State	Zip Code
		(Gover	nmental Entity a	ittach na	mes of elected offi	cials)	
3.		Alleyne, City ager/Contact Pe		954-5 Telep	35-2740 phila@la hone	auderdalelakes.o Email Address	rg
4.	Date incorpor	rated/formation o	of business asso	ciation:	June 22, 1961	(Attachment	# <u>1 ; 2</u>)
(Atta	ach articles of ir	ncorporation; na	mes and addres	s of sha	reholders along wit	th number of outs	standing shares.)

3) n of /e

5.	Geographic area requesting to service (be specific):	Exhibit 1 Page 10 of 24
	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 substations):	e than three (3
	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 Administrate 33.11.g.	ive Code Sectio
	Governmental - copy of budget sheet.	
9.	Insurance: (Attachment # _ 5; 6)	
	Provide copies of Certificates of Insurance - Non-governmental - Identified in Chapter 317(a)(1), Broward County Code of Ordinances.	3½, Section 3½
	Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances	
	NEW - must provide proof of ability to comply with Chapter $3\frac{1}{2}$ - $17(a)(2)$, Broward Ordinances for service requested.	County Code of
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 Sheri	ff's Office
	NEMTS PROVIDE copies of all required training information pursuant to Broward Cour Code Section 33.15.g, for each driver listed on form B-2.	ty Administrativ
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	icense.
	B. Classes 1 and 4 - attach current medical treatment protocols.	
	C. Class 2 and Class 3 - attach current interfacility transport protocols.	

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

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

All statements on this application and att	achments are true and correct.
Signature of Owner/Manager	
STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed be	fore me this 20 day of November, 20 18, by (name of person making statement).
ALEXIS GIVINGS MY COMMISSION # FF 945707 EXPIRES: January 27, 2020 Banded This Budget Natary Services	(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 applicar	•••
Non-governmental and NEMTS:	
1. Minimum of three (3) letters of ref	ference (business or personal) mailed or emailed to:
Mail: Environmental & Consum 1 North University Drive, I Plantation, FL 33324-2038	Mailbox 302
Email: rsluman@broward.org	
2. Completed local and state crimina	al background checks for each owner, manager, officer and/or director.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1-4-19	allen
Date	County Administrator or Designee
	U
This application for a Class 1 - ALS Rescue COPCN	submitted
by City of Lauderdale Lakes	is hereby:
Approved as Submitted:	
Approved as dubilities.	Mayor, Broward County
	Board of County Commissioners
	·
Approved as Amended:	
	Mayor, Broward County
	Board of County Commissioners
Denied:	
Domed.	Mayor, Broward County
	Board of County Commissioner



Broward County OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES Trauma and EMS Section

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY OR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE					
		New	\checkmark	Renewal		
	\checkmark	Class 1 - ALS Rescue		Class 2 - ALS Transfe	er	
		Class 3 - BLS Transport		Class 4 - ALS Air Res	scue	
		Class 5 - Nonemergency	Medical T	ransportation Service	(NEMTS)	
1.	City of Marg	gate Fire Rescue				
		Name of Ser	vice Govern	nmental Entity		
	1811 Banks	Rd.	Marga	ate	FI	33063
	Ma	ailing Address	City		State	Zip Code
	954-971-7010					
	Tel	lephone				
2.	City of Marg	gate				
	Owner's Name				Email Add	Iress
	5790 Marga	ate Blvd	Marga	ate	FI	33063
	Ma	ailing Address	City		State	Zip Code
		(Governmental Entity	attach na	ames of elected official	s)	
3.	Dan Booker	•		954-971-7010	dbo	oker@margatefl.com
	Ge	eneral Manager/Contact Person		Telephone	Ema	ail Address
4.	Date incorpor	rated/formation of business	associatio	on: <u>6/22/1961</u>	_ (Attach	ment # 2)
(At	tach articles	of incorporation; names	and add	ress of shareholders	s along v	vith 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 #)				
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 FI.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 $3\frac{1}{2}$ - $17(a)(2)$, 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 attach	ments are true and correct.
A. A. like	City Manager
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF BROW ARD	
Sworn to (or affirmed) and subscribed before me this	18th day of October, 2018, by
Samuel A. May	(name of person making statement)
NANCY L. POPICK Notary Public - State of Florida Commission # FF 246990 My Comm. Expires Oct 25, 2019 Bonded through National Notary Assn.	(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.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere 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 Administration Staff recommends renewal of said applicant for a Class 1	rator: - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
	- 1
1-4-19	Oleen
Date	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:	
т. Т.	Mayor, Broward County
	Board of County Commissioners
Approved as Amended:	
Approved as Amended.	Mayor, Broward County
	Board of County Commissioners
	-
Denied:	
	Mayor, Broward County
	Board of County Commissioner





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	CK TYPE OF APPLICATION	ON FOR CLASSIFICATION C	F SERVIC	E
1	New	Renewal		
	Class 1 - ALS Rescue	☐ Class 2 - ALS Trans	fer	
	Class 3 - BLS Transport	☐ Class 4 - ALS Air R	escue	
	Class 5 - Nonemergency i	Medical Transportation Service	e (NEMTS)	
Town of So	outhwest Ranches			
	Name of Serv	rice Governmental Entity		
134	00 Griffin Road	Southwest Ranches	FL	33330
Mailin	g Address	City	State	Zip Code
954-434-0008				
Teleph	none			
Town of Southwest Ranches (See attachment 1) rmuniz@southwestranches			outhwestranches.o	
Owner's Name			Email Add	Iress
13/100 Crif	fin Road	Southwest Ranches	FL	33330
10400 GIII				
	g Address	City	State	Zip Code
		City attach names of elected officia		Zip Code
Mailin		attach names of elected officia	als)	·
Mailing Andrew D.	(Governmental Entity	attach names of elected officia	als) 008 aberr	Zip Code as@southwestranches.c

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

5.	Geographic area requesting to service (be specific):	Political/Geographic Limits of the Town of Southwest Ranches
6.	Attach FCC license/communications contract:	(Attachment # 3
7.	Address of present/proposed main station and any substations):	substations (attach list if more than three (3)
	Main Station: FRS 82/112 - 1722 Griffin	Road
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information: (Attach	ment # <u>4A/4B</u>)
	Non-governmental - provide a financial statement as Section 33.11.g.	s listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance: (Attach	ment # <u>5</u>)
	Provide copies of Certificates of Insurance - Non-gov $3\frac{1}{2}$ - $17(a)(1)$, Broward County Code of Ordinances.	rernmental - Identified in Chapter 3½, Section
	Governmental - refer to section Chapter 3½ - 17(c),	Broward County Code of Ordinances.
	NEW - must provide proof of ability to comply with Cl Ordinances for service requested.	napter 3½ - 17(a)(2), Broward County Code of
10.	Vehicle information: Complete and attach appropriate	e form.
11.	Personnel information: Complete and attach appropr	iate form.
	NEMTS PROVIDE copies of all required training Administrative Code Section 33.15.g, for each dri	
12.	All COPCN applicants (if applicable):	
	A. Attach contract with a medical director as provide	d by State Law, include copy of DEA license.
	B. Classes 1 and 4 - attach current medical treatmen	nt protocols.
	C. Class 2 and Class 3 - attach current interfacility tra	ansport 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 attack	nments are true and correct.
Signature of Owner/Manager	Title Title
STATE OF FLORIDA Broward Sworn to (or affirmed) and subscribed before me thi	s 31 st day of December, 20 18, by
Andy Berns	(name of person making statement).
IVETTE SOLERA Notary Public - State of Florida Sole Commission # GG 211966	(Signature of Notary Public - State of Florida)
OF 1. My Comm. Expires Apr 29, 2022 Bonded through National Notary Assn.	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known: OR Produced Identified:
	Type of Identification Produced:
A LUCY I C AL U	

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.

- 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.
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 or NEW applicant provide a letter of identifying proposed business office location in Broward
 County.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
NI/A	N1/A
N/A Date	N/A Chair, EMS Review Committee
Recommendation/comments of County Administ Staff recommends renewal of said applicant for a Class 1	rator: I - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1-4-19	Oleen
Date	County Administrator or Designee
This application for a Class 1 - ALS Rescue COPCN	submitted
by Town of Southwest Ranches	is hereby:
Approved as Submitted:	
7,7	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

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

R CLASSIFICATION O	F SERVI	CE
Renewal		
Class 2 - ALS Trans	fer	
Class 4 - ALS Air Re	escue	
I Transportation Service	(NEMTS	S)
nent		
ernmental Entity		
nrise	FL	33351
	State	Zip Code
	954.746.3400	
	Email A	ddress
nrise	FL	3335
	State	Zip Code
names of elected officia	ıls)	
054.746.04	100 im	ncnamara@sunrisefl
954.746.34	100	
	Renewal Class 2 - ALS Trans Class 4 - ALS Air Re al Transportation Service ment vernmental Entity unrise	Renewal Class 2 - ALS Transfer Class 4 - ALS Air Rescue al Transportation Service (NEMTS) ment vernmental Entity Inrise FL State 954. Email A FL

Page 1 of 3 additional pages may be added as needed

outstanding shares.)

5.	Geographic area requesting to service (be specific):	84,439 Municipal boundaries see Attachment #2.1
6.	Attach FCC license/communications contract:	(Attachment # 2.2
7.	Address of present/proposed main station and any substations):	
	Main Station: See Attachment #2.3	
	Substation:	
	Substation:	
	Substation:	
8.	Financial Information: (Attack	nment # 3)
	Non-governmental - provide a financial statement a Section 33.11.g.	s listed in Broward County Administrative Code
	Governmental - copy of budget sheet.	
9.	Insurance: (Attach	nment #)
	Provide copies of Certificates of Insurance - Non-go 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 C Ordinances for service requested.	hapter 3½ - 17(a)(2), Broward County Code of
10.	Vehicle information: Complete and attach appropriat	e form.
11.	Personnel information: Complete and attach appropriate	riate form.
	NEMTS PROVIDE copies of all required trainin Administrative Code Section 33.15.g, for each dr	
12.	All COPCN applicants (if applicable):	
	A. Attach contract with a medical director as provide	d by State Law, include copy of DEA license.
	B. Classes 1 and 4 - attach current medical treatment	nt protocols.
	C. Class 2 and Class 3 - attach current interfacility tr	ansport protocols.
	D. Identify staffing patterns and operational hours fo	r each state permitted vehicle in your fleet.

ECPD201868838 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 BROWN Sworn to (or affirmed) and subscribed before me this 10 day of Pecember John McNamera (name of person making statement). RACHEL FEUER Signature of Notary Public - State of Notary Public - State of Florida Commission = GG 223282 (Print, Type, or Stamp Commissioned Name of Notary Public) My Comm. Expires May 30, 2022 Bonded through National Notary Assn. Personally Known: V 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.

- 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.

Per BCC Chapter 3½, Section 3½-15(b), no complaints w	vere filed for this agency, therefore no action is
needed by the EMS Review Committee.	
N/A Date	N/AChair, EMS Review Committee
Recommendation/comments of County Administ Staff recommends renewal of said applicant for a Class 1	rator: 1 - ALS Rescue Certificate of Public
Convenience and Necessity (COPCN).	
1-4-19	Joleen
Date	county Administrator or Designee
	V
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