



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. **B & L Mobility, LLC**

Name of Service Governmental Entity			
221 W. Oakland Park Blvd.	Fort Lauderdale	FL	33311
Mailing Address	City	State	Zip Code
954-565-8900			
Telephone			

2. **B & L Service, Inc.**

Owner's Name		Email Address	
221 W. Oakland Park Blvd.	Fort Lauderdale	FL	33311
Mailing Address	City	State	Zip Code
		jcamillo@blserviceinc.com	

(Governmental Entity attach names of elected officials)

3. **John M. Camillo**

General Manager/Contact Person	Telephone	Email Address
	954-565-8900 ext. 3920	jcamillo@blserviceinc.com

4. Date incorporated/formation of business association: 11/16/2018 (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): 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: 221 W. Oakland Park Blvd., Fort Lauderdale, FL 33311

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 # Proposed)

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.

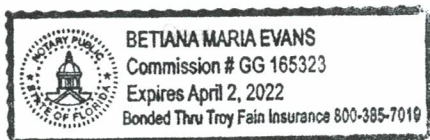
[Signature]
Signature of Owner/Manager

CEO/PRESIDENT
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 05th day of December, 20 18, by

John H. Camillo (name of person making statement).



Betiana Maria Evans
(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 \$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):**

On March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to
B & L Mobility, LLC, contingent upon completion of remaining requirements for NEMTS as
addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

March 7, 2019

Date

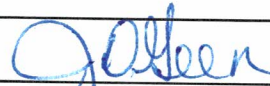

Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

March 7, 2019

Date


County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted
by B & L Mobility, 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
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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. **C&J NET GROUP LLC**

Name of Service Governmental Entity			
3405 W. Lake PI	Miramar	FL	33023
Mailing Address	City	State	Zip Code
305-910-7801			
Telephone			

2. **Carla C. Rodas**

Owner's Name		carla.rodas@gmail.com	
3405 W. Lake PI	Miramar	FL	33023
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. **Carla C. Rodas**

305-910-7801	carla.rodas@gmail.com
General Manager/Contact Person	Telephone Email Address

4. Date incorporated/formation of business association: 09/05/2018 (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: 3405 W. Lake PI 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):

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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

Title

Owner's

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 9 day of Oct., 20 18, by
Carla Rodas and Jessenia Rodas (name of person making statement).



Michael Castro
State of Florida
My Commission Expires 01/17/2021
Commission No. GG 53044



(Signature of Notary Public - State of Florida)

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

Personally Known: _____ OR Produced Identified: X

Type of Identification Produced: EU Passport and FL Driver License

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 \$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):**

On March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to
C & J Net Group LLC, contingent upon completion of remaining requirements for NEMTS as
addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

March 7, 2019

Date

Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

March 7, 2019

Date

County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by C & J Net Group 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
OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES
Trauma and EMS Section

**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. HELPING HAND NON-EMERGENCY MEDICAL TRANSPORTATION, INC.
 Name of Service Governmental Entity

<u>1824 N. University Drive</u>	<u>Pembroke Pines</u>	<u>FL</u>	<u>33024</u>
Mailing Address	City	State	Zip Code

954-612-5733
Telephone

2. Joy Adiboshi joypdj@gmail.com
 Owner's Name Email Address

<u>1824 N. University Drive</u>	<u>Pembroke Pines</u>	<u>FL</u>	<u>33024</u>
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Joy Adiboshi 954-612-5733 joypdj@gmail.com
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: November 19, 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): _____
All points within 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: 1824 N. University Drive Pembroke Pines, FL 33024
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 - **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).

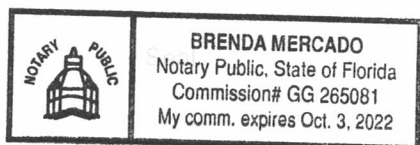
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Owner/Manager
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7th day of December, 20 18, by
Joy Akudo adiboshi (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: Driver's License

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 March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to
Helping Hand Non-Emergency Medical Transportation, Inc., contingent upon completion of remaining
requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

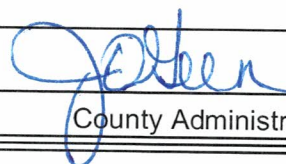
March 7, 2019
Date


Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

March 7, 2019
Date


County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by Helping Hand Non-Emergency Medical Transportation, 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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- 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 Care Transportation, Inc.**

Name of Service Governmental Entity			
3300 S.W. 11 Avenue	Ft. Lauderdale	FL	33315
Mailing Address	City	State	Zip Code
305-265-3333			
Telephone			

2. **Raymond Gonzalez**

Owner's Name		rgonzalez@transportationamerica.com	
2766 N.W. 62 Street	Miami	FL	33147
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. **Alex Batista**

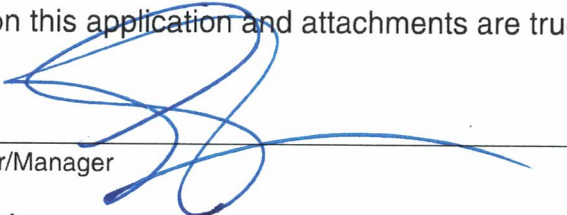
General Manager/Contact Person	305-265-3333	abatista@transportationamerica.com
Telephone	Email Address	

4. Date incorporated/formation of business association: 10/23/1995 (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): All of Broward County
-
6. Attach FCC license/communications contract: (Attachment # ending)
7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):
Main Station: 3300 S.W. 11 Ave- Ft.Lauderdale, FL. 33315
Substation: 2766 N.W 62 Street- Miami, Fl. 33147
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.
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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.



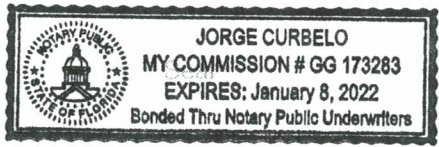
Signature of Owner/Manager

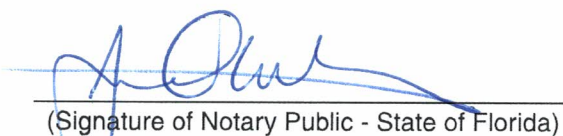
CEO

Title

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 5th day of October, 20 18, by
Raymond Gonzalez (name of person making statement).





(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:

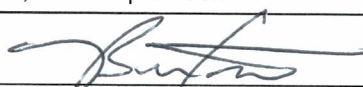
- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, made payable to the Broward County Board of County Commissioners.
- 2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2018 COPCN/License 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.

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

On March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to Medical Care Transportation, Inc., contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

March 7, 2019

Date



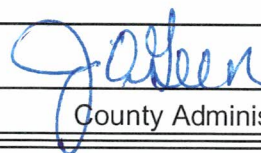
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

March 7, 2019

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted by Medical Care Transportation, 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

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- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. **Sunshine kids Pediatric Care, LLC**

Name of Service Governmental Entity			
6603 Taft Street	Hollywood	FL	33024
Mailing Address	City	State	Zip Code
954 982 7110			
Telephone			

2. **David R. Maymon**

Owner's Name		Email Address	
6603 Taft Street	Hollywood	FL	33024
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. **David R. Maymon/David R. Maymon**

General Manager/Contact Person	Telephone	Email Address
954 881 8230	dmaymon@s	

4. Date incorporated/formation of business association: 06/01/18 (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 # None)

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

Main Station: 6603 Taft Street Hollywood, FL 33024

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.

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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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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

CEO
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 19 day of February, 20 19, by
David Roland Meyman (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: Florida Drivers License

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:

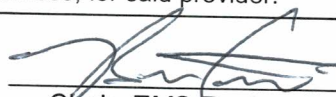
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**Recommendation of the Broward Regional EMS Council, EMS Review Committee
(if required):**

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Sunshine Kids Pediatric Care, LLC, contingent upon completion of remaining requirements for NEMTS
as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

March 7, 2019

Date



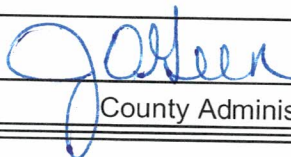
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff recommends issuance of said license.

March 7, 2019

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License **submitted**
by Sunshine Kids Pediatric Care, 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**

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. Executive Ride Transport Inc.
Name of Service Governmental Entity

<u>2170 Blount Road</u>	<u>Pompano Beach</u>	<u>FL</u>	<u>33069</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(954)357-1003
Telephone

2. Wayne Rowe exridetransport@yahoo.com
Owner's Name Email Address

<u>2170 Blount Road</u>	<u>Pompano Beach</u>	<u>FL</u>	<u>33069</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Wayne Rowe (954) 357-1003 exridetransport@yahoo.com
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 10/9/2015 (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 to Dade County line and Palm Beach County line.

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: 2170 Blount Road, Pompano Beach FL 33069

Substation: None

Substation: None

Substation: None

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.

Wayne Rowe
Signature of Owner/Manager

President
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 16th day of January, 20 19, by

Wayne Rowe (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: FLDL

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:

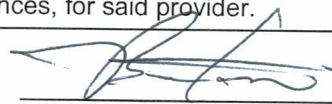
- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, made payable to the Broward County Board of County Commissioners.
- 2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2018 COPCN/License 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.

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

On March 7, 2019, the EMS Review Committee met and DOES NOT RECOMMEND approval of a NEMTS license to Executive Ride Transport Inc., contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

March 7, 2019

Date



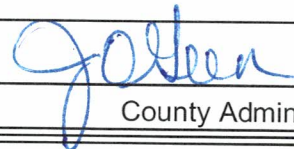
Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Staff DOES NOT RECOMMEND issuance of said license.

March 7, 2019

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted by Executive Ride Transport 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