

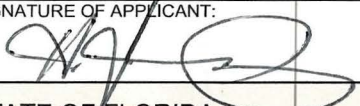
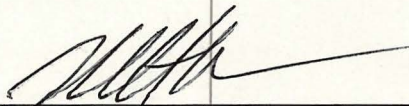



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☒ RENEWAL

SERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☐ Stretcher Transport ☐ ALS Helicopter ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME: AMERICA WEST, LLC		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to P.M. <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 9090 Union Park Way #117		PHONE: 888-678-6801
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Elk Grove, CA 95624		
OFFICER/DIRECTOR NAME & TITLE: Aristotle Ang	PHONE NUMBER & E-MAIL: permits@securehealth.net	
VICE OFFICER/DIRECTOR NAME & TITLE: N/A	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Hector M. Jimenez	PHONE NUMBER & E-MAIL: hjimenez@securehealth.net	
AFTER HOURS POINT-OF-CONTACT: Hector M. Jimenez	PHONE NUMBER & E-MAIL: hjimenez@securehealth.net	
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.		
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.		
SIGNATURE OF APPLICANT: 		DATE: 5/30/2025 5/30/2025 5/30/2025 <i>NK</i>
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>05/30/2025</u> by <u>Hector M. Jimenez</u> , who is/are personally known to me or has/have produced <u>FL DL J226-604-82-600-0</u> as identification.		
(SEAL) 	 MARTIN HELLER Notary Public State of Florida Comm# HH172817 Expires 9/6/2025	
(Name of Notary typed, printed or Form stamped)		



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: America West, LLC

Date: 5/27/2025

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>HJ</u>
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	<u>HJ</u>
8.1	Written record contains:	
	• Date Call Received	<u>HJ</u>
	• Time Call Received	<u>HJ</u>
	• Pick-up & Destination Address	<u>HJ</u>
	• Arrival Time at Destination	<u>HJ</u>
	• Client's Name	<u>HJ</u>
	• Person Ordering Transport	<u>HJ</u>
	• Telephone Number of Caller (*if applicable)	<u>HJ</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>HJ</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>HJ</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>HJ</u>



WHEELCHAIR VEHICLE ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: America West, LLC Page: 1 of 2

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. V-281	RKZD38	1FDWE3FL0DDA20693													
2. V-368	88AEFE	1FTYE1CM8GKA08239													
3. V-369	90AEFE	1FTYE1CM9GKA08251													
4. V-370	89AEFE	1FTYE1CM2GKA08236													
5. V-431	PWXM36	1FDEE3FSXHDC17959													
6. V-435	Y983CX	1FDDE4FS6HDC75853													
7. V-436	Y644ES	1FDDE4FSXHDC75855													
8. V-455	95DYUL	1FTYE1C82MKA95425													
9. V-456	97DWB1	1FTYE1C85MKA91594													
10. V-457	98DWB1	1FTYE1C84MKB02651													
11. V-458	99DWB1	1FTYE1C84MKA95426													
12. V-479	BN58EA	1FTYE1C85NKA69032													



STRETCHER VAN ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: America West, LLC

Page: 2 of 2

Such vehicles may not be equipped, marked or operated as an Ambulance

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. V-491	55066R3	1FTYE1C89NKA58244													
2. V-496	31060P3	1FTYE1C84NKA58412													
3. V-497	BZ68FX	1FTYE1C81NKA58268													
4. V-498	BZ67FX	1FTYE1C86NKA58427													
5. V-511	27DYUN	1FTYE1C83PKB22622													
6. V-512	77DYUN	1FTYE1C81PKA97008													
7. V-513	RGMA09	1FTYE1C84PKB21169													
8.															
9.															
10.															
11.															
12.															



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: America West, LLC Page: 1 of 2

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	HECTOR JIMENEZ (MNGR)	J226-604-82--600-0	01/29/2032	01/29/1979	557-001
2.	ANDRE QUINONES (SUPERVISOR)	Q552-000-73-467-0	12/27/2026	12/27/1973	557-002
3.	RONDA ROXBURY	R216-723-75-810-1	08/30/2031	08/30/1975	557-003
4.	DONALD JONES	J520-185-51-346-0	09/26/2029	09/26/1951	557-004
5.	ISTVAN SZOKE	S433-113-46-000-0	04/16/2033	04/16/1968	557-005
6.	JOSEPHINE PEREZ	P620-420-76-866-0	10/06/2029	10/06/1976	557-006
7.	CLARA JIMENEZ	J552-153-80-628-0	04/08/2032	04/08/1980	557-007
8.	ROBERTO ARROYO	A600-720-74-299-0	08/19/2025	08/19/1974	557-008
9.	HICHAM AMRANI	A230-636-00-800-0	05/19/2029	05/19/1974	557-009
10.	JIMYLA CLARK	C239-980-68-800-0	11/03/2026	11/03/2000	557-010
11.	CARROLL LEE LEWIS	L200-112-68-310-0	08/30/2029	08/30/1968	557-011
12.	NANCY WHITE	W300-632-63-541-0	02/01/2029	02/01/1963	557-012
13.	NINA PETERSON	P414-392-83-000-0	07/11/2030	07/11/1957	557-013
14.	PAUL FENNER	F560-690-83-301-0	08/21/2030	08/21/1983	557-014
15.	PENELOPE PORTER	P636-672-48-801-0	08/21/2026	08/21/1948	557-015
16.	RICHARD MONTALVO	M534-740-71-222-0	06/22/2030	06/22/1971	557-016



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: America West, LLC Page: 2 of 2

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. TAQUISHA BROWN	B650-809-95-644-0	04/24/2028	04/24/1995	557-017
2. BRETT HOPKINS	H231-736-83-000-0	03/31/2033	03/31/1958	557-018
3. JUNE SANDERS	S205-223-16-100-0	06/11/2032	06/11/1964	557-019
4. JOHN JAMES	J520-473-60-084-0	03/04/2032	03/04/1960	557-020
5. ANTONIO HIGUERA-RODRIGUEZ	H266-000-55-041-0	02/01/2027	02/-01/1955	557-021
6. ALBION SONO	S247-411-30-200-0	09/08/2029	09/08/1986	557-022
7. PEDRO ARROYO	A600-660-69-060-0	02/20/2030	02/20/1969	557-023
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Dougherty Company P.O. Box 7277 Long Beach CA 90807	CONTACT NAME: Noele Cass PHONE (A/C, No. Ext): 562-424-1621 E-MAIL ADDRESS: noele@doughertyins.com FAX (A/C, No): 562-490-0432
INSURED Secure Transportation of Florida, LLC; America West Transportation, LLC 6937 LTC Parkway Port St. Lucie FL 34986	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins. Co. of Pittsburg INSURER B: Underwriters at Lloyds of London INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1473616075**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	W2ACB6250601	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	CA6586206 CA	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC072113379 AOS-NOT AZ	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Auto Physical Damage	Y	Y	CA6586206 CA	4/1/2025	4/1/2026	Comp Ded 250 Collision Ded 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named additional insured as respect General and Auto Liability per attached policy forms. Waiver of subrogation applies per attached policy forms. Primary non-contributory wording applies per attached policy forms.

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida
400 South Fort Harrison Avenue
Clearwater FL 33756

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**County of Sacramento
Department of Finance
Business License Unit**

700 H Street, Room 1710, Sacramento, CA 95814
Phone (916) 874-6644 • finance.saccounty.gov

Original Statement FILED with Sacramento County Clerk
FBNF2025-03154 SECURE TRANSPORTATION - CA

COPY

F FILED: 4/24/2025

Expires: 4/24/2030

FICTITIOUS BUSINESS NAME STATEMENT
****THIS IS NOT A BUSINESS LICENSE****

TYPE OR PRINT CLEARLY. MUST BE FILED IN-PERSON OR MAIL. ALL INFORMATION IS PUBLIC RECORD. INSTRUCTIONS ON REVERSE.

1	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB <u>not</u> acceptable)	County
	3905 Deeble Street, Sacramento, CA 95820	Sacramento
2	Fictitious Business Name(s) to be Filed (Section 17900 B & P Code)	
	(a) Secure Transportation - CA	(b)
	(If more than 2 names, attach additional sheet)	
3	Full Name & Complete Business Mailing Address of Each Owner/Partner/LLC or Corporation name and address as registered with Secretary of State (include State where incorporated)	
	Entity Name if Corp/LLC OR Full Name	Business Mailing Address City State Zip
	(a) America West Medical Transportation, Inc., 3905 Deeble Street, Sacramento, CA 95820	
	(b)	
	(If more than 2 owners, attach additional sheet)	
4	This business is conducted by:	
	<input type="checkbox"/> an Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust	
	<input type="checkbox"/> Married Couple <input type="checkbox"/> Co-Partners <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> State or local Registered Domestic Partners	
	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Unincorporated Association (other than a partnership)	
5	Date began using business name <u>N/A</u> (write "N/A" if you have not yet begun conducting business)	
	Describe the type of Activities/Business <u>Medical transportation services</u>	
6	I declare that all information in this statement is true and correct. (A registrant who declares as true information which they know to be false is guilty of a crime.)	
	Sign <u>Aristotle Ang</u> Aristotle Ang (Apr 10, 2025 18:01 PDT)	
	Print Name <u>Aristotle Ang</u> Phone Number <u>(916) 996-6000</u>	
	If a Corporation, Limited Liability Company (LLC), Limited Partnership (LP) or Limited Liability Partnership (LLP), the following must also be completed:	
	Officer Title <u>CEO</u> (For a list of acceptable Officer Titles please see instructions (6b) on reverse)	

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), where it expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name Statement must be filed before the expiration.

The filing of this Statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (Section 14411 et seq., of the Business and Professions Code).



I hereby certify that this copy is a correct copy of the original Statement on file in my office.

DONNA ALLRED, COUNTY CLERK

BY: [Signature]
Deputy County Clerk

ID Checked ☐



RATE SHEET – AS PER AMERICA WEST, LLC

To whom it may concern,

Our RATE PER TRIP It's roughly \$27 one way per participant,

Total trip at a value of \$54.00

Hector M. Jimenez // Transportation Manager.

Date: _____

Hector M. Jimenez
Transportation Manager

P: (727) 644-0033

E: Hjimenez@securehealth.net

W: www.america-west.com

A: 6774 102nd Ave N. Pinellas Park, FL 33782 (Suncoast PACE)

A: 5414 Beaumont Center Blvd, Tampa, FL 33634 (Empath LIFE)