



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: Sunny Wheelchair Transportation LLC	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5:00 A.M. to 7:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 115 North Comet Ave	PHONE: 727 417-3317
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:

Clearwater, Florida 33765

OFFICER/DIRECTOR NAME & TITLE:

Bassam Musa , Manager

PHONE NUMBER & E-MAIL:

(727) 417-3317. sunnywheelchair24@gmail.com

VICE OFFICER/DIRECTOR NAME & TITLE:

Bassam Musa Manager's

PHONE NUMBER & E-MAIL:

(727) 417-3317. sunnywheelchair24@gmail.com

BUSINESS HOURS POINT-OF-CONTACT:

Monday to Friday Bassam Musa

PHONE NUMBER & E-MAIL:

(727) 417-3317. sunnywheelchair24@gmail.com

AFTER HOURS POINT-OF-CONTACT:

Bassam Musa

PHONE NUMBER & E-MAIL:

(727) 417-3317. sunnywheelchair24@gmail.com

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:

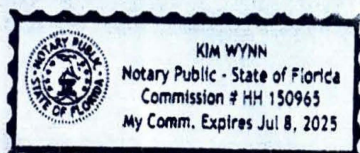
6/6/25

STATE OF FLORIDA

COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 06/06/25 by Bassam Musa, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL)



(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: Bassam Musa

Date: 06/09/2025

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>BM</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>BM</u>
8.1	Written record contains: <ul style="list-style-type: none">• Date Call Received• Time Call Received• Pick-up & Destination Address• Arrival Time at Destination• Client's Name• Person Ordering Transport• Telephone Number of Caller (*if applicable)	<u>BM</u> <u>BM</u> <u>BM</u> <u>BM</u> <u>BM</u> <u>BM</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>BM</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>BM</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>BM</u>



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

Name of Service: Bassam Musa Page: 1 of 1

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. Musa Bassam	M200-060-65-256-0	07/16/2027	07/16/1965	553238
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Bassam Musa Page: 1 of 1

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/stretcher	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. 1	TYXI57	2C4RDGBG2HR645345													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2025

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 Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606		Phone: (813)251-4900 Fax: (813)253-2676	CONTACT Professional Insurance Center NAME: PHONE (A/C, No. Ext): (813)251-4900 FAX (A/C, No.): (813)253-2676 E-MAIL ADDRESS: Professional-Insurance@piconline.com	
INSURED SUNNY WHEELCHAIR TRANSPORTATION LLC 115 NORTH COMET AVENUE CLEARWATER, FL 33765		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ATEGRITY SPECIALTY INSURANCE COMPANY		16427
		INSURER B: CABLE INSURANCE COMPANY		16572
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2914

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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:			01-C-PK-P20140691-0 SEXUAL & PHYSICAL ABUSE LIABILITY UNDER GL	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		<input checked="" type="checkbox"/> N	CICFL002187-00	3/20/2025	3/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED
2017 - DODGE - GRAND CARAVAN - 2C4RDGBG2HR645345

CERTIFICATE HOLDER

Holder's Nature of Interest : Additional Insured

Pinellas County, A Political Subdivision of the State of Florida
400 S FORT HARRISON AVE
CLEARWATER, FL 33756

CANCELLATION

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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Detail by Entity Name

Florida Limited Liability Company
SUNNY WHEELCHAIR TRANSPORTATION LLC

Filing Information

Document Number	L24000524707
FEI/EIN Number	33-2467459
Date Filed	12/19/2024
Effective Date	12/18/2024
State	FL
Status	ACTIVE

Principal Address

115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Mailing Address

115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Registered Agent Name & Address

MUSA, BASSAM M
115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Authorized Person(s) Detail

Name & Address

Title MGR

MUSA, BASSAM M
115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Annual Reports

No Annual Reports Filed

Document Images

[12/19/2024 -- Florida Limited Liability](#) [View image in PDF format](#)

Sunny Wheelchair Transportation LLC

Exhibit B

Rates for different Clients: Florida

Provider Downstream Fee for Service (FFS)			
Trip Type	Base Rate	Base Mileage	Mileage Rate
Ambulatory- Curb to Curb	15.00	10	1.50
Ambulatory- Door to Door	15.00	10	1.50
Wheelchair	32.00	10	1.90
Stretcher	80.00	10	2.00
Bariatric Wheelchair	42.00	10	1.90
Bariatric Stretcher	180.00	10	2.00
Other:	N/A	N/A	N/A

Transportation Provider will **not** receive payment or reimbursement for Member no shows.

defined herein 'Ambulatory' includes both Curb to Curb and Door to Door.

Service Level Objective and Rate Adjustments

Members eligible for Trips shall be picked up within thirty (30) minutes of receipt of the Trip request from the Member's representative or facility staff. Together with the submission of monthly fee invoice the Transportation Provider shall submit monthly reports showing all Trip requests, time of notification and time of pickup, refusal or failure to pick up request or pick up (and reason), Member no shows ("**Monthly Reports**").

Following is the Service Level Objective ("SLO"):

On Time Arrival Performance Key Performance Indicator (OTAP KPI) is a calculation showing the percent of trips with an arrival time greater than the above noted target performance objective.

As permitted under the Agreement, the failure or refusal by Transportation Provider or driver to accept or complete a Trip request where Transportation provider is paid a per Member capitation is considered as a Trip OTAP KPI failure 30 minutes.