



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2019– June 30, 2020

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: On-Time Transports, LLC
ADDRESS 1: 2558 Wembleycross Way
ADDRESS 2: Orlando, FL 32828
HOURS OF OPERATION: 9 A.M. to 6 P.M.
PHONE: 407-376-3959 or 2392
FAX: 407-205-1185

OFFICER/DIRECTOR NAME & TITLE: Amanda Varmuza
VICE OFFICER/DIRECTOR NAME & TITLE: Amanda Varmuza
BUSINESS HOURS POINT-OF-CONTACT: Eric Varmuza
AFTER HOURS POINT-OF-CONTACT: Eric Varmuza
PHONE NUMBER & E-MAIL: 4073763959 info@on-timetransports.com
407-4032392 same as above
407-403-2392 same as above

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: [Signature] DATE: 3/29/19

STATE OF FLORIDA
COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this 3/29/2019 by Amanda Varmuza, who is/are personally known to me or has/have produced Drivers license as identification.

Notary Public section with seal for Kaitlyn Hartford, State of Florida, Comm# GG259205, Expires 9/17/2022. Includes signature and name of notary.



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

**Pinellas County Rules and Regulations, as Amended**

Name of Service: On-Time Transports, LLC

Date: 3/28/19

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



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

Name of Service: On-Time Transports, LLC 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 property 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	Y071AC	3CLTRVPGXFE520233	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Y061AC	3CLTRVPGXFE520178	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Y081AC	2C4RDG6BG7GR139900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	1B86ER	1FTNS24W480B56959	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5															
6															
7															
8															
9															
10															
11															
12															

*[Handwritten Signature]*



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

Name of Service: ON-Time Transports, LLC Page: 1 of 1  
\*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	Y071AC	3C6TRVPGXFE520283	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Y06TAC	3C6TRVPGXFE520178	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Y08TAC	2C4RDCBG7GR139900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	1B86ER	FTNS24W43DB56959	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5															
6															
7															
8															
9															
10															
11															
12															



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

Name of Service: On-Time Transports, LLC 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.	Fran, Fred	H150253480190	1-19-21	1-19-48	N/A
2.	Nunez, Osvaldo	N500645592410	7-1-22	7-1-59	N/A
3.	Souders, John	S362473482190	6-19-19	6-19-48	N/A
4.	Cuccia, Stephen	C200784930500	2-10-23	2-10-93	N/A
5.	Eric Kumura	V1652213811270	4-7-21	4-7-81	N/A
6.	Donald Couch	C200181930620	2-22-22	2-22-93	N/A
7.	Kenneth Williams	W452519650860	3-6-27	3-6-65	N/A
8.	Phillip Marsee	M620668640820	3-2-27	3-2-64	N/A
9.	Xavier Smith	S530946940600	2-20-20	2-20-94	N/A
10.	Jose Martinez	M635420932660	7-26-26	7-26-93	N/A
11.					
12.					
13.					
14.					
15.					
16.					

