

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2019- June 30, 2020

APPLICATION TYPE:	□ NEW RENEWAL			
SERVICE TYPE:	Wheelchair Transport Stretcher Transport	☐ ALS Interfaci		
TYPE OF ENTITY:	☐ Sole Proprietor ☐ Par	tnership 🔲 Non-P	Profit Corporation C	Corporation
ORGANIZATION NAME:			HOURS OF OPERATION:	□24-HOUR
ON-TIME Tra	nsports, LLC		A.M. to 6	□A.M. / № P.M.
2550 1804				407-403
2558 Wemble	Muozi Man		407-376-398	59 6 2392
orlando, Fl.	<u>>2823</u>		407-205-11	85
CITY, STATE, ZIP CODE:				
OFFICER/DIRECTOR NAME & T	ITLE:	PHONE NUMBER & E-MA	AIL:	
Amanda Jam VICE OFFICER/DIRECTOR NAM	1426 E&TITLE:	4073763959 PHONE NUMBER & E-MA	infoe an-timetra	npats com
Amanda Vasn BUSINESS HOURS POINT-OF-O	1UZe	407-403239		
En'L Valmuz	<u>. </u>	407-403-2	392 Same as a	ı
ATTER HOURS FOINT-OF-CON	IACI:	PHONE NUMBER & E-MA	AL:	
incorporation, Certificati	ENTS: Record Keeping Ver on of Fictitious Name (d.b.a) i schedule. Also include any n	f applicable. Insuran	ce Verification for the hi	about level of conting
I, the undersigned repre revoked if at any time the	sentative of the above named e firm fails to meet all of the re	firm, do hereby ackn	owledge this certificate	may he suspended or
SIGNATURE OF APPLICANT:			DATE:	
(Mash)			3/29/19	
STATE OF FLORIDA				
COUNTY OF Ora	nge	~ .		
	o (or affirmed) before me this		Amanda Van	MZG , who
is/are personally known	to me or has/have produced <u>(</u>	Driers Lice	<i>n8</i> €as i	dentification.
(SEAL)	Kaillyn Hartford NOTARY PUBLIC STATE OF FLORIDA Comm# GG259205		od . H. Liv.	
Early A. Day opposite	Expires 9/17/2022	(Name o	f Notary typed, printed o	r Form stamped)
Form A. Rev. 02/06/2017				



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: On-Time Transports, LCC									
Date: 3	28/19								
Section	Inspection Items	Initials							
8.1	Record all telephone lines when used for requests for transport, including cell phones.* USE Comphones	9)							
	*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.	(P)							
8.1	Written record contains: 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)								
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	(Q)							
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	(lw)							
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>(20)</u>							

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

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

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/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 dean, sanitary and in good working order
1 2 2	1671AC	3CLTRUPEXFE 520233	V	~	<u> </u>	/									_
2	NO6 1 AC	3CLTRUPGXFE520178	/	_/	~	/	\	_		-	-			<u> </u>	
3	YUSIAC	2C4ROGBG 7GR 139900	✓	/			/	/	~	/		/	/	_	/
-		1FTNS24W48DB56959			/	/	1	~	~	· ·				/	
														-	
7.															
8.								•							
9.						-									
10.															
11,											1				—
12.	7.														
Form C-1 Re		<u></u>]	i	ISBECTO		77			$\overline{}$		7	~			

Form C-1 Rev. 02/06/2017

EMS INSPECTOR: Date: 5-20-1



STRETCHER VAN ROSTER Pinellas County Rules and Regulations, as Amended

	ify	Name of Service.		OV	1-TIN	re T	Yany	cort.	s. ll		su.		Page:	\ o1	f 1
ADMINIS	TRATION	*	Such ve	hicles n	nay not	be equi	pped, m	arked o	r operat	ed as a	1 Ambul	ance*	3		· —
	· ·	Provide Unit, Tag and V attached, as long as all	IN numbe	ers for all	vehicles. n is inclu	If more ded. Co	lines are i	needed, i & Fire A	t is accep	table to d	opy this to Vehicle I	form. A (Company n appoint	Roster m	ay be
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/stretcher	Property designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, talls, backup	Interior clean, sanifary and in good working order
<u> </u>	Y071AC	3CLOTRUPGX FESLOZ	33/	·	/	/	-	-	-		<u>. </u>		س.	س	
ຼີ ລ	YOUTAL	3CLOTRUPCKFE520178	/	/	/	~	~	V	V	V		1	\	1	/
		2C4RDCB67GR139900			/		~		~	~	~	•	/	-	/
4	1B86ER	PTNS24W480B56459	_	/	✓		~	V	~	<u></u>	V		~	/	/
• \															
7,															
Ð. 						Ü									
9.							*****							-	
10.													***		
11.							+								
12.						-		Ì							
Form C-2 Re	ev. 02/06/2017	7	EMS II	NSPECT	SR: ✓	YY	<u> </u>	The second)	Date	<u>-</u> -	39.10	 ì		



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

Name of Service:	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.

The Class E Class E Assigned.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
Fran Fred	I1502534x0190	1-19-21	1-19-48	NA
* Nunez, Osvaldo	NSQ0645592410		7-1-59	NA
Souders John	5362473482190	6-19-19	6-19-48	NIA
Cuccia Stephen	C200784930500	2-10-23	2-10-93	N/A
ETTZ Vaumuza	V652213811270	4-7-21	4-7-81	NIA
Donald Couch	C200181930620	3-93-93	2-22-93	NA
Kenneth Williams	W452519650860	3-6-27	3-6-65	ΝIA
Phillip Marsee	M620668640820	3-2-27	3-2-64	NA
Xane Smith	5530946940600	2-20-20	2-20-94	NA
	M635420932660	726-26	7-26-93	NA
12.		· · · · · · · · · · · · · · · · · · ·		,
13.				
114.				
15.				
16.				

Form D Rev. 02/06/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2018

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights	to the	terr certi	ns and conditions of the	policy	, certain poli	cies may rec	ulre an endorsement.	A state	ment on			
	DOUCER			The state of the s	CONTA				···				
G	ar or Insurance							TEAN					
	69 Hunters Park Ln				PHONE (AC, No, Ext): (321) 206-8035 (AC, No): 321-251-7720 (EMAIL ADDRESS: Diana@gar orinsurance.com								
	or Fluincia Fun Zii				ADDRE					T			
O	lando			FL 32837	4.10.10	RA; WESTE		RDING COVERAGE		NAIC#			
	URED			1 L 32037									
	On-Time Transports, LLC				INSURE		topen & Cast	ualt Insurance Inc.		27876			
	511 11110 111110 11111				INSURE					 			
	2558 Wemble cross Wa				INSURE					ļ			
	Orlando			FL 32828	INSURE			· · · · · · · · · · · · · · · · · · ·					
co	VERAGES CER	TIFICA	TE	NUMBER:	Intopre	**************************************	····	REVISION NUMBER:		<u> </u>			
C	HIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH F	UIREME STAIN, T POLICIES	ENT, 'HE : S. Li	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	NTRACT OR O' DLICIES DESCR DUCED BY PAI	NSURED NAM THER DOCUM RIBED HEREIN D CLAIMS.	ED ABOVE FOR THE POL	NUICH TH	DD IIS			
LTR		INSD V	VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MIM/DDYYYY)	LIN	IITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	ε	300,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	s	100,000			
								MED EXP (Any one person)	s	5,000			
A	<u> </u>			NPP8148766		11/6/2018	11/6/2019	PERSONAL & ADV INJURY	<u> </u>	300,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	600,000			
	X POLICY PRO-							PRODUCTS - COMP/OP AGG		600,000			
	OTHER:	-						COMBINED SINGLE LIMIT	5				
	ANY AUTO							(Ea accident)	s	300,000			
В	OWNED SCHEDULED			DC10110117		11/1/2010		BODILY INJURY (Per person)	\$				
	HIRED NON-OWNED			PC18110117		11/1/2018		BODILY INJURY (Per accident					
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
	UMBRELLA LIAB OCCUR	\vdash						PIP	\$	10,000			
	EXCESS LIAB CLAIMS-MADE						ł	EACH OCCURRENCE	\$	~ ~~~			
	DED RETENTIONS							AGGREGATE	<u> </u> \$				
	WORKERS COMPENSATION		-					PER OTH-	5				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								 				
	OFFICER/MEMBER EXCLUDED?	N/A					ł	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	15				
	// yes, describe under DESCRIPTION OF OPERATIONS below						1	E.L. DISEASE - POLICY LIMIT	-				
_			_					E.E. DISEAGE - POLICY LIMIT	╄				
						1							
201 201 201 201	RIPTION OF OPERATIONS / LOCATIONS / VEHICL leduled vehicle 5 Ram Pro Master 2500 vin 3C6TRVPGXF 5 Ram Pro Master 2500 vin 3C6TRVPGXF 6 Dodge Grand Caravan vin 2C4RDGBG70 9 Ford E-250 vin 1FTNS24W48DB56959	E520178 E520233	8	101, Additional Remarks Schedi	ule, mey t	se attached if mor	re spaça is requi	ired)	A				
ΕR	TIFICATE HOLDER				CANCE	LLATION							
	Pinegas County- R Pojitca) Subdiy 400 s Foπ Harrison Rye Cjear ater Ft. 33756	ision o ^{li} i	the S		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Ojedi - dici: FE 33730			7	AUTHORI	ZED REPRESEN	TATIVE		······				
				l	Mariana Zorrilla								

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD