



**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: <b>AMERICHAIR TRANSPORT SERVICE, INC.</b>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <b>5</b> A.M. to <b>8</b> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <b>3145 GRAND AVE, #108</b>		PHONE: <b>727-201-0075</b>
ADDRESS 2:		FAX: <b>727-209-3397</b>
CITY, STATE, ZIP CODE: <b>PINELLAS PARK, FL 33782</b>		
OFFICER/DIRECTOR NAME & TITLE: <b>CHRISTOPHER CLARK</b>	PHONE NUMBER & E-MAIL: <b>CHRISTOPHER.TADLION @ GMAIL.COM</b> <b>578-588-4349</b>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: <b>CHRISTOPHER CLARK</b>	PHONE NUMBER & E-MAIL: <b>" "</b>	
AFTER HOURS POINT-OF-CONTACT: <b>CHRISTOPHER CLARK</b>	PHONE NUMBER & E-MAIL: <b>" "</b>	
<b>REQUIRED ATTACHMENTS:</b> 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: <b>3/28/19</b>	
STATE OF FLORIDA COUNTY OF <u><b>Pinellas</b></u>		
Subscribed and sworn to (or affirmed) before me this <u><b>28<sup>th</sup> day of March 2019</b></u> by <u><b>Christopher Clark</b></u> , who is/are personally known to me or has/have produced <u><b>FL Drivers License</b></u> as identification.		
(SEAL)	 KEITH MCATEER Notary Public - State of Florida Commission # FF 215249 My Comm. Expires Mar 30, 2019	
(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: AMERICHAIR TRANSPORT SERVICE

Date: 3/26/19

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*  *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>CC</u>
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>	<u>CC</u> <u>CC</u> <u>CC</u> <u>CC</u> <u>CC</u> <u>CC</u> <u>CC</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CC</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CC</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CC</u>



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

Name of Service: Americhair Transport Service

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. 001	888 9UQ	2CARDGCG2FR591380	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 002	889 0UQ	2CARDGCG6FR591835	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 003	888 8UQ	2CARDGCG2FR745053	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 004	JMPH09	1FTNE1A1W48DA05508	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 005	1P87JQ	2C4RDCL1BG5CR188426	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: *J. Murphy* Date: 5.20.19



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

Name of Service: AMERICHAIR TRANSPORT SERVICE 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.	CAIN, KARL	C500 506 60 0 16 0	01.16.2025	01.16.1960	
2.	GOLDEN, KELSEY	G435 570 86 952 0	12.12.1986	12.12.2024	
3.	CALLOWAY, EMMETT	C400 202 68 111 0	03.31.2027	03.31.1968	
4.	WALKER, GARY	W426 292 59 389 0	10.29.2021	10.29.1959	
5.	SUTHERLAND, DAVE	S364 170 65 110 0	03.30.2021	03.30.1965	
6.	DRANE, THOMAS	D650 821 61 424 0	11.24.2020	11.24.1961	
7.	GRAY, SALLY	G600 793 82 907 0	11.07.2020	11.07.1982	
8.	CLARK, CHRISTOPHER	C402 163 75 300 0.	08.20.2026	08.20.1975	
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



AMERTRA-05

MSMITH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/13/2018

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. 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 Sovereign Risk Solutions, LLC 1640 Powers Ferry Road SE, Bldg 28 Marietta, GA 30067	CONTACT NAME:	
	PHONE (A/C, No, Ext): (678) 996-3400	FAX (A/C, No): (678) 996-3401
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Illinois Union Insurance Company	27960
	INSURER B : Ace American Insurance	22667
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED  
Americhair Transport Service, Inc.  
701 28th Ave S  
Saint Petersburg, FL 33705


**COVERAGES**      **CERTIFICATE NUMBER:**      **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
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		MLP G28129191 003	06/13/2018	06/13/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <b>SEXUAL ABUSE AN</b> \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAL H08462872 003	06/13/2018	06/13/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ UMBRELLA LIAB    OCCUR EXCESS LIAB    CLAIMS-MADE DED    RETENTION \$
	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	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse & Molestation			MLP G28129191 003	06/13/2018	06/13/2019	Aggregate 1,000,000
A	Prof Liability			MLP G28129191 003	06/13/2018	06/13/2019	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Pinellas County - A political subdivision of the state of Florida has been listed as an additional insured on the Commercial and General Liability policy.

**CERTIFICATE HOLDER**      **CANCELLATION**

Pinellas County 400 S Fort Harrison Ave 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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