

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE	: NEW PRENEWAL							
SERVICE TYPE:	✓ Wheelchair Transport☐ Stretcher Transport	☐ ALS Interfac						
TYPE OF ENTITY:	☐ Sole Proprietor ☐ Par	tnership	Profit Corporation					
ORGANIZATION NAME:			HOURS OF OPERATION: 24-HOUR	}				
Rydepoint Medical	Transport LLC		6 A.M. to 10 □A.M. / ☑	P.M.				
ADDRESS 1:			PHONE:					
11618 Highbury W	ay		813-753-8598					
ADDRESS 2:			FAX:					
CITY, STATE, ZIP CODE:								
Tampa, FL, 33626								
OFFICER/DIRECTOR NAME 8	R TITLE:	PHONE NUMBER & E-A	MAIL:					
Todd Blackwood		813-753-8598	info@rydepoint.com					
VICE OFFICER/DIRECTOR NA	AME & TITLE:	PHONE NUMBER & E-M	MAIL:					
BUSINESS HOURS POINT-OF	F-CONTACT:	PHONE NUMBER & E-M	MAIL:					
Todd Blackwood		813-753-8598	info@rydepoint.com					
AFTER HOURS POINT-OF-CO	ONTACT:	PHONE NUMBER & E-M	MAIL:					
Todd Blackwood		813-753-8598 info@rydepoint.com						
Incorporation, Certific	ation of Fictitious Name (d.b.a)	if applicable, Insura	nicle Roster(s), Driver Roster(s), Certifica ance Verification for the highest level of se r County Driver Certification Requirements	rvice				
I, the undersigned reprevoked if at any time	resentative of the above named the firm fails to meet all of the re	d firm, do hereby acle equirements of the F	knowledge this certificate may be suspender inellas County Code or Rules and Regulat	ed or				
SIGNATURE OF APPLICANT:			DATE:					
	24		03/28/23					
STATE OF FLORIDA								
COUNTY OF HILLS	borough	04.26.23						
Subscribed and swom	n to (or affirmed) before me this	26 2)	by todd blackwood.	who				
	vn to me or has/have produced	1 1215	ense as identification.					
	RAYEN DIAZ Notary Public - State of Florida Commission # HH 284619 My Comm. Expires Jul 5, 2026 londed through National Notary Assn.	(Name	e of Notary typed, printed or Form stamped)				



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Date:		
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.	
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)	

Audio dispatch records shall be kept for a minimum of six (6) months.

Written or electronic dispatch shall be kept for a minimum of three (3)

Dispatch audio & written/electronic records shall be available for

Name of Service:

Form B Rev. 02/06/2017

years.

inspection.

8.1

8.1

8.1



Form C-1 Rev. 02/06/2017

WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

EMS ADMINIST	& FIRE RATION	Provide Unit, Tag and VI attached, as long as all re	N numbe	rs for all v	/ehicles. n is includ	If more li	nes are n tact EMS	eeded, it & Fire A	is accep dministra	table to c	opy this f Vehicle I	orm. A C	company la appointr	Roster m	
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
	710	(****)													
).															
2.															



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

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

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2023

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 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 liqu of such endorsement(s).

		ms and conditions of the policy ate holder in lieu of such endo				endors	sement. A s	tatement on	this certificate does not	conf	er rights to the		
PRODUCER Cable Underwriters							CONTACT NAME: Cable Underwriters						
221 West Oakland Park Boulevard						PHONE (054) 563 3000 FAX							
					E-MAIL								
Ft. Lauderdale FL 33311					ADDRE		•	RDING COVERAGE		NAIC#			
						INSURE			CE COMPANY		16572		
INSURED RYDEPOINT MEDICAL TRANSPORT, LLC						INSURE			5_ 50m / m1		.5012		
		11618 HIGHBURY WAY	J. U	, L		INSURE							
			FL	3362	26	INSURE							
		rampa	_	0002									
						INSURER E : INSURER F :							
	VERA	AGES CER	TIFI	CATE	NUMBER:	INSUKE	KF.		REVISION NUMBER:				
II C E	HIS IS NDICAT ERTIF XCLUS	TO CERTIFY THAT THE POLICIES FED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY	OF QUII PER POL	INSUF REME FAIN, ICIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	NEVISION NOMBER. AVE BEEN ISSUED TO THE INSUED NAMED ABOVE FOR THE POLICY PERIOD N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, I'E 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	3			
_	(COMMERCIAL GENERAL LIABILITY								\$			
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	Ш								MED EXP (Any one person)	\$			
	Ш.								PERSONAL & ADV INJURY	\$			
	GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	F	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:								\$			
Α	AUTO	MOBILE LIABILITY			CICFL000245-01		04/20/2023	04/20/2024	(Ea accident)	\$	300,000		
		ANY AUTO ALL OWNED Y SCHEDULED							` ' '	\$			
		AUTOS X SCHEDULED AUTOS NON-OWNED							BROBERTY BALLAGE	\$			
	-	HIRED AUTOS AUTOS							(Per accident)	\$			
	X	SYM 70								\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	_	DED RETENTION\$							PER OTH-	\$			
		(ERS COMPENSATION EMPLOYERS' LIABILITY Y / N							STATUTE ER				
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
		latory in NH) describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCI	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
		ON OF OPERATIONS / LOCATIONS / VEHIC		•	·	dule, may	be attached if m	nore space is rec	juired)				
18/4	NUKE	OF INTEREST: CERTIFICATE	пО	LDER	· ·								
<u>_</u>													
CE	RTIFI	CATE HOLDER				CANO	ELLATION						
PINELLAS COUNTY EMS & FIRE ADMINISTRATION 12490 ULMERTON RD							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
STE 134 Largo FL 33774						AUTHORIZED REPRESENTATIVE							

© 1988-2014 ACORD CORPORATION. All rights reserved.