



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: Rydepoint Medical Transport LLC		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 10 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 11618 Highbury Way		PHONE: 813-753-8598
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Tampa, FL, 33626		
OFFICER/DIRECTOR NAME & TITLE: Todd Blackwood	PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.com	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Todd Blackwood	PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.com	
AFTER HOURS POINT-OF-CONTACT: Todd Blackwood	PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.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: 03/28/23	
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>04-26-23</u> 26th day by <u>todd blackwood</u> , who is/are personally known to me or has/have produced <u>Drivers license</u> 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: _____

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: <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) 	_____ _____ _____ _____ _____ _____
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: _____ Page: _____ of _____

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
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11.															
12.															



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 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 #
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