

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2018 – June 30, 2019**

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport-NEW ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME DBA CALIBER PATIENT EKALLEVIG TRANSPORT, LLC		HOURS OF OPERATION <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1 20 Lakeview Ct		PHONE 321-514-0075
ADDRESS 2 P		FAX 763-367-3365
CITY, STATE, ZIP CODE Palm Harbor, FL 34683		
OFFICER/DIRECTOR NAME & TITLE Ken Kallevig	PHONE NUMBER & E-MAIL 321-514-0075	
VICE OFFICER/DIRECTOR NAME & TITLE [Signature]	PHONE NUMBER & E-MAIL _____	
BUSINESS HOURS POINT-OF-CONTACT: _____	PHONE NUMBER & E-MAIL _____	
AFTER HOURS POINT-OF-CONTACT: _____	PHONE NUMBER & E-MAIL _____	

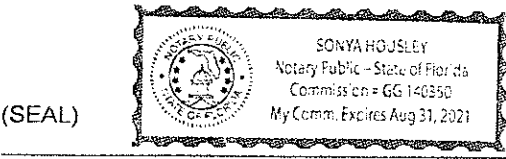
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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 Ken Kallevig	DATE 3/21/2018
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STATE OF FLORIDA
COUNTY OF Pinellas March

Subscribed and sworn to (or affirmed) before me this 21st 2018 by Kenneth Kallevig, who is/are personally known to me or has/have produced Fl Drivers license as identification.



Sonya Housley 3/21/2018

(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: Caliber Patient Transport

Date: 3/21/2018

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>KEK</u>
	*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>KEK</u>
8.1	Written record contains:	
	• Date Call Received	<u>KEK</u>
	• Time Call Received	<u>KEK</u>
	• Pick-up & Destination Address	<u>KEK</u>
	• Arrival Time at Destination	<u>KEK</u>
	• Client's Name	<u>KEK</u>
	• Person Ordering Transport	<u>KEK</u>
	• Telephone Number of Caller (*if applicable)	<u>KEK</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KEK</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KEK</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KEK</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Caliber Patient Transport 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/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	GTG-B49	2C4RDG-B6-06-R266861	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	GTG-B57	2C4RDG-B6-06-R195208	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	GTG-B50	2C4RDG-B6-76-R134566	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	HCSR10	2C4RDG-B6-66-R134607	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Nothing Follows														
6															
7															
8															
9															
10															
11															
12															

EMS INSPECTOR: Jumpy

Date: 5.22.19



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Caliber Patient Transport 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	GTG849	2C4RDGBG-06R206861	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	GTG850	2C4RDGBG-06R195208	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	GTG850	2C4RDGBG-76R134566	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	HCSR10	2C4RDGBG-66R134607	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	NOTHING FOLLOWS														
6	NOTHING FOLLOWS														
7	NOTHING FOLLOWS														
8	NOTHING FOLLOWS														
9	NOTHING FOLLOWS														
10	NOTHING FOLLOWS														
11	NOTHING FOLLOWS														
12	NOTHING FOLLOWS														

EMS INSPECTOR: [Signature]

Date: 5.22.19



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

Name of Service: Caliber Patient Transport 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 Kenneth E Kallevig	K412-505-69-422-0	11/22/2019	11/22/1969	
2 Allison E Kallevig	K-412-005-74-631-0	04/11/2020	04/11/1974	
3 John Meister	M236-473-52-180-0	05/20/2020	05/20/1952	
4 Michelle Martin	M635-553-68-827-0	09/07/2019	09/07/1968	
5 Jason Hochstedler	H233-424-82-024-0	01/24/2022	01/24/1982	
6				
7				
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16				

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
06/01/2018

PRODUCER AND THE NAMED INSURED
Evolution Insurance Brokers, LLC.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Ekhllevig Transport, LLC/
DBA Caliber Patient Transport
20 Lakeview Ct
Palm Harbor, FL 34683

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away	PC18060050	5/31/2018	5/31/2019	\$300,000 CSL \$40,000 Physical Damage-total scheduled val \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P Per Person
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

<input checked="" type="checkbox"/> CERTIFICATE HOLDER	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE
Pinellas County, A Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE