

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW PRENEWAL								
SERVICE TYPE: Wheelchair Transport Stretcher Transport	ALS Interfacil							
TYPE OF ENTITY: Sole Proprietor Partn	nership Non-Pr	rofit Corporation						
ORGANIZATION NAME:		HOURS OF OPERATION: 24-HOUR						
FRANG ZEAL LLC		7:00 A.M. to 7:00 A.M. / P.M.						
ADDRESS 1:		PHONE:						
1060 WOODCOCK RD		407-620-1651						
ADDRESS 2:		FAX:						
CITY, STATE, ZIP CODE:	<u></u>							
ORLANDO, FL 32803								
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MA	uL:						
FRANKLIN DAVILA MGR	719-661-9127 F	RANK@FRANGZEAL.COM						
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MA							
ANGELA DAVILA MGR	719-661-9604 ANGIE@FRANGZEAL.COM							
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MA							
FRANKLIN DAVILA		NFO@FRANGZEAL.COM						
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MA							
FRANKLIN DAVILA	719-661-9127 FRANK@FRANGZEAL.COM							
REQUIRED ATTACHMENTS: Record Keeping Veri Incorporation, Certification of Fictitious Name (d.b.a) if provided, and retail rate schedule. Also include any ne	f applicable, Insuran	ce Verification for the highest level of service						
I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the red								
SIGNATURE OF APPLICANT:		DATE:						
$Q(\mathcal{O}(\mathcal{O}))$		5/8/2024						
STATE OF FLORIDA		The same of the sa						
country of <u>Pinellas</u>								
Subscribed and sworn to (or affirmed) before me this _	8 May 2016	y Franklin Davila, who						
is/are personally known to me or has/have produced $\underline{\mathcal{I}}$								
(SEAL) Jam al		Notary Public State of Florida Jansen Al My Commission HH 511303 Expires 4/3/2028 of Notary typed, printed or Form stamped)						
Form A. Rev. 02/08/2017	(Name o	of Notary typed, printed of 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



Unit

Number

Form C-1 Rev. 02/06/2017

WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

& FIRE RATION	Name of Service:											Page: _	of	
RATION	Provide Unit, Tag and VI attached, as long as all r	N numbe equired ir	rs for all v	vehicles. n is includ	If more li ded. Con	nes are r tact EMS	eeded, it & Fire A	is accep dministra	table to c tion for a	opy this fo Vehicle In	orm. A C	Company n appointr	Roster m ment.	ay be
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

EMS INSPECTOR: Date: _____



Form C-2 Rev. 02/06/2017

STRETCHER VAN ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:		Page:	of	
	Such vehicles may not be equipped, marked or operated as an Ambulance	Ū		

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
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR:

Date: _____



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.				



JBALLESTEROS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/28/2024

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).

th	is certificate does not confer rights t							require an end	or semen	i. A 3	atement on			
PRO	DUCER				CONTAI NAME:	ст Harmony E	Bond							
Sov	ereign Transportation Insurance, LLC Interstate N Cicle SE	;							FAX (A/C. No):	678) 9	996-3401			
Suit	e 425				E-MAIL ADDRESS: hbond@sovtran.com									
Atla	nta, GA 30339				INSURER(S) AFFORDING COVERAGE NA									
					INSURE		•	Insurance Co	mpany		22608			
INSU	RED				INSURER B:									
	Frang Zeal, LLC				INSURER C:									
	1060 Woodcock Road,		INSURE											
	Orlando, FL 32803	INSURE												
					INSURE									
СО	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	H RESPE	CT TO	WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP		LIMIT	<u> </u>				
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	I OLIO I NUMBER		(MM/DD/YYYY)	(MIM/UU/YYYY)	EACH OCCURRENC		\$ \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI	ED					
								PREMISES (Ea occu	· · · · · · · · · · · · · · · · · · ·	\$				
								PERSONAL & ADV I		\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$				
	POLICY PRO- LOC							PRODUCTS - COMF		\$				
	OTHER:							FRODUCTS - COMP	70F AGG	\$				
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000			
	X ANY AUTO	X		ODH-CAS00061624		3/1/2024	3/1/2025	BODILY INJURY (Pe	er person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$				
										\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
	DED RETENTION\$							DED	OTU	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$				
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 is listed as an additional insured under the Auto liability.														
CE	RTIFICATE HOLDER				CANO	ELLATION								
	Pinellas County, A Political 400 S Fourth Harrison Ave Clearwater, FL 33756	Subd	livisio	on of the State of Florida	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									