



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

July 1, 2017 – June 30, 2018

APPLICATION TYPE: NEW RENEWAL

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

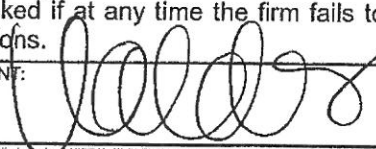
TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: 1ST Transport, LLC DBA T Trans	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6:00 A.M. to 6:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 2136 W. DR. MLK JR Blvd	PHONE: (727) 320-3292
ADDRESS 2: Tampa, Florida 33607	FAX: (813) 433-5440
CITY, STATE, ZIP CODE:	

OFFICER/DIRECTOR NAME & TITLE: KONSTANTIN TARASOVSKIY	PHONE NUMBER & E-MAIL: (727) 320-3292 T.TRANS.LLC@GMAIL.COM
VICE OFFICER/DIRECTOR NAME & TITLE:	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:  DATE: **05-23-2018**

STATE OF FLORIDA
COUNTY OF Hillsborough
Subscribed and sworn to (or affirmed) before me this 7/04/18 by Li Valdez
who
is/are personally known to me or has/have produced Florida Dmv. Lic as identification.



(SEAL)



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Transport, LLC

Date: 05-23-18

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>N/A</u> <u>KT</u>
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) 	<u>KT</u> <u>KT</u> <u>KT</u> <u>KT</u> <u>KT</u> <u>KT</u> <u>KT</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>N/A</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KT</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KT</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Transport, LLC 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/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. 896	ILVV51	1FTNE24L95HA65896													
2. 898	ILVS3	1FTNE24L25HA65898													
3. 424	6LBD94	16BJ631K281215424													
4. 199	6LBD93	16BJ631K381218199													
5. 637	HAHL19	1FTNS24W46DB09637													
6. 696	JDNU94	16B663A6XA1111696													
7. 579	JDNX70	1FDFF4FS3CDA52579													
8. 243	HLTZ23	1FDEE3FL5CDA96243													
9. 760	ILVV52	1FTNE24L05HA55760													
10. 613	HEPP47	1FDEE3SL49DA18613													
11. 954	HEPP46	1FDEE3SL1ADA00954													
12.															



Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Transport LLC 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 #
1.	Rene Columbie	C451720940310	11-18-2018	01-31-1994	
2.	Leyanis Gonzalez	6524524959270	11-13-2018	11-27-1995	
3.	Vladyslav Sedyshev	S321860663710	10-11-2019	10-11-1966	
4.	Mikhail Bykov	B210558721070	08-27-2026	03-27-1972	
5.	Kathy Ramadan	R535500659240	11-24-2019	11-24-1965	
6.	James Smuck	S520457542050	06-05-2020	06-05-1954	
7.	Jose Roman	R551421900990	03-19-2025	03-19-1990	
8.	Andrea Hayward	H630004662470	07-07-2021	07-07-1966	
9.	Kezny Hernandez	H655514810100	07-04-2019	01-10-1981	
10.	Pedro Nieto	N363670792860	05-30-2019	08-06-1979	
11.	Konstantin Tarasovskiy	T621519683780	10-18-2022	10-18-1968	
12.					
13.					
14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
6/22/2018

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 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 QUICK FLORIDA QUOTES, INC 15190 SW 136th Street Ste 10 Miami, FL 33196	CONTACT NAME: Imoh Oton
	PHONE (A/C No. Ext): (305) 222-7070 FAX (A/C No.): E-MAIL ADDRESS: imoh@quickflquotes.com
INSURED 1st Transport LLC dba TTRANS 6816 Beach Blvd Hudson, FL 34667 727-320-3292	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Berkshire Hathaway Specialty I
	INSURER B: Berkshire Hathaway Specialty I
	INSURER C:
	INSURER D:
	INSURER E: INSURER F:

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:			47-SGL-149948-03	6/28/2018	6/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Anyone person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE 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			47RWS-149951-03	6/28/2018	6/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Non Emergency Transporter

2008 TOYOTA JTDKB20U787709142 2009 CHEVROLET 1GBJG31K381218199 2008 TOYOTA JTDKB20U987703293
 2012 TOYOTA JTDKN3DU3C1565110 2007 HONDA 5FNRL38627B423148 2013 FORD 1FDEE3FL5CDA96243
 2006 FORD 1FTNS24W46DB09637 2009 FORD 1FDEE35L49DA18613 2009 FORD 1FDEE35L69DA00954
 2008 HONDA 5FNRL38468B009225

CERTIFICATE HOLDER

PINELLAS COUNTY,
A SUBDIVISION OF THE STATE OF
FLORIDA
400 S. FORT HARRISON AVE,
CLEARWATER, FL 33756

CANCELLATION

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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