

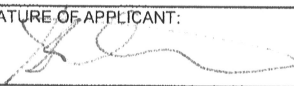
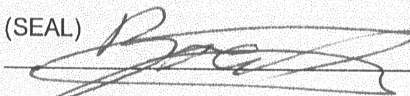
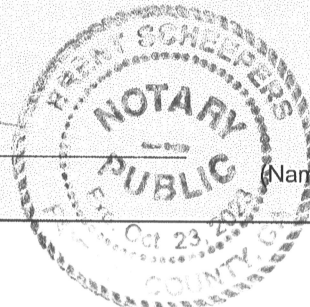


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: Med-Trans Corporation DBA LifeLine All Children's		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 501 6th Avenue South		PHONE: 407-432-5498
ADDRESS 2: Dept. 7340		FAX:
CITY, STATE, ZIP CODE: St. Petersburg, FL, 33701		
OFFICER/DIRECTOR NAME & TITLE: Rob Hamilton, President	PHONE NUMBER & E-MAIL: 940-591-5810 Robert.hamilton@gmr.net	
VICE OFFICER/DIRECTOR NAME & TITLE: Kim Montgomery, COO	PHONE NUMBER & E-MAIL: 940-591-5810 Kimberly.montgomery@gmr.net	
BUSINESS HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498	
AFTER HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498	
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:  GARY BOULLION	DATE: 10-7-2021	
STATE OF FLORIDA <u>GA</u> COUNTY OF <u>Fayette</u>		
Subscribed and sworn to (or affirmed) before me this <u>7th Oct 21</u> by <u>GARY BOULLION</u> , who is/are personally known to me or has/have produced <u>GA, DL</u> as identification.		
(SEAL) 	 <u>Brent Scheepers</u> (Name of Notary typed, printed or Form stamped)	



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

All commercial Wheelchair Transport/Stretcher Van and ALS Providers servicing clients in Pinellas County are required to obtain a COPCN prior to transport of clients within the County pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Service System and Pinellas County Code, Chapter 54, Emergency Services.

Providers that have met the application requirements are presented to the Board of County Commissioners (EMS Authority) for approval. After the Board has approved the applications, a COPCN is issued, including the number of vehicle permits corresponding to the vehicle roster in the application.

Please verify that you have complied with all requirements listed below prior to submitting your application. Incomplete applications will be returned.

COPCN APPLICATION INSTRUCTIONS:

Complete the following forms:

- 1. Application for COPCN (Form A). Complete each section on Form A and Notarize. Review all attachments included in this application packet. Copies may be made of any forms if additional sheets are needed. Contact the EMS & Fire Administration at (727) 582-5872 if there are any questions regarding this application packet.
- 2. Record Keeping Verification Form (Form B). Document the ability to record incoming phone lines and/or maintain written records for each call. Verify accessibility of archived records for inspection (See Rules & Regulations 8.1).
- 3. Vehicle Roster (Forms C-1 & C-2). Provide Unit, Florida Vehicle Tag and VIN numbers for all Wheelchair Transport Vehicles/Stretcher Vans, as applicable. For Providers offering both services, please ensure Wheelchair and Stretcher vehicle rosters are recorded separately. Vehicles must be inspected by an EMS and Fire Administration Representative (See Rules & Regulations 8.3). ~~ALS Helicopter applications - provide aircraft information.~~
- 4. Driver Roster (Form D). Provide a list of each certified driver by name, including their Florida Class E Driver's License number, expiration date, date of birth and EMS ID Number.
 - (ALS Helicopter applications - please provide pilot/crew) information.
- 5. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- 6. Insurance Verification. Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2).
- 7. Agency's retail rate schedule for all services provided.
- 8. County Driver Certification. Any new applicant a Provider seeks to have certified must meet the County Driver Application & Certification Requirements outlined in the following section.

Once the application forms and attachments are prepared, submit the completed application package to the **Pinellas County EMS Authority, 12490 Ulmerton Rd, Ste 134, Largo, FL 33774.**

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- 2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<http://www.flhealthsource.gov/>).
- 3. Valid driver's license.
- 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretchers drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- Pinellas County Emergency Medical Services Rules and Regulations • Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 - Emergency Services • Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

- Monthly Activity Report
 - Used to record wheelchair, stretcher, and reclining wheelchair van service data.
 - Must be filed with the Medical Director within ten (10) working days of month's end.
- Medical Incident Report
 - Used to document any event or patient requiring an Incident Report.
 - Must be filed within 72 hours of the event.



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Corp. DBA LifeLine All Children's

Date: 10/5/2021

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

**APPENDIX A
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS
BACKGROUND SCREENING AFFIDAVIT**

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias: _____

Applicant Date of Birth: _____

Provider Agency Name/ PCEMS ID: _____

1. Applicant has attached a color photocopy of a Governmental Issued Photo ID, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

APPLICANT PRINTED NAME

PROVIDER AGENCY PRINTED NAME

PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
RUTTY, KRISTEN	RN9424794	01/21/2016	04/30/2023	2023
BRYAN, KELLY	RN9259068	10-14-2011	4/30/2023	2023
BULL, MATTHEW	RT10233	09/08/2009	5/31/2023	2023
MCMANUS, JUSTIN	RN231016	06/30/2015	8/31/2023	2023
MEEKE, CORI	RN9510502	05/08/2019	4/30/2023	2023
FINCH, FAITH	RT9523	08/07/2008	05/31/2023	2023
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2023	2023
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2022	2023
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2023	2023
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2023	2023
RHYMES, WHITNEY	TT12959	05/01/2006	05/31/2023	2023
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2023	2023
MILLER, WALTER	RT7184	03/05/2003	05/31/2023	2023
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2022	2023
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2022	2023
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2022	2023
HULL, GLENN	RT7540	02/24/2004	05/31/2023	2023
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2023	2023
BACON, JULIE PROGRAM MANAGER	RN1797622	03/23/1987	04/30/2022	2023

MED-TRANS CORPORATION DBA LIFELINE ALL CHILDREN'S

PILOT ROSTER

NAME LAST, FIRST	DATE OF BIRTH	COMMERCIAL PILOT CERT#	MEDICAL CERT ID#	MEDICAL EXPIRATION
LORENZEN, RICHARD E.	12/29/1959	88562143	1996467226	12-15-2021
NICOLLS, BECKY L.	6/22/1978	279419	2001316365	11/19/2021
TURNER, JOHN G.	2/27/1965	3708898	2002043243	1/7/2022
PERRELLA, SIL	2/17/1967	4184897	1999215447	1/29/2022

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N166MT	2 MANUFACTURER AND MODEL Airbus Helicopters Deutschland GmbH EC135 P2+	3 AIRCRAFT SERIAL NUMBER 1167	4 CATEGORY NORMAL
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5 AUTHORITY AND BASIS FOR ISSUANCE

This airworthiness certificate is issued pursuant to 49 U.S.C. § 44704 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein

Exceptions:

NONE

6 TERMS AND CONDITIONS


Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the FAA, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R)21 DEC 2015	FAA REPRESENTATIVE ERIC J. HASSLACHER	DESIGNATION NUMBER WP07
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Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (04-11) Supersedes Previous Edition

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the aircraft when operated.
NATIONALITY AND REGISTRATION MARKS N 166MT	AIRCRAFT SERIAL NO. 1167	
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT AIRBUS HELICOPTERS DEUTSCHLAND EC135 P2+		
ICAO Aircraft Address Code: 50204435		
I S S U E D T O	MED-TRANS CORP 2200 WESTCOURT RD DENTON TX 76207	This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.
Corporation		 U.S. Department of Transportation Federal Aviation Administration
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.		
DATE OF ISSUE January 25, 2016 EXPIRATION DATE January 31, 2022	<i>OK Ehm</i>	ACTING ADMINISTRATOR

AC Form 8050-3 (10/2010) Supersedes previous editions

7620734529 R001



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/03/2021

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Med Trans Corporation 209 State Hwy 121, Bypass, Suite 21 Lewisville TX 75067 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	INSURER D: Lloyd's Syndicate No. 2623		AA1128623
	INSURER E: Great American Insurance Company of NY		22136
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570086877270 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	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:			XSLG7248194A SIR applies per policy terms & conditions	03/31/2021	03/31/2022	EACH OCCURRENCE	\$2,750,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$2,750,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,750,000
							SIR/Deductible	\$250,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
E	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR67819299 AOS WLR67819251 CA, MA	03/31/2021	03/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A					03/31/2021	03/31/2022	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-XS			W1B173210601 Professional Liability SIR applies per policy terms & conditions	03/31/2021	03/31/2022	Per Claim SIR	\$10,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ISSUED AS EVIDENCE OF INSURANCE ONLY.

CERTIFICATE HOLDER**CANCELLATION**

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL
501 6TH AVE. S.
SAINT PETERSBURG FL 33701 USA

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

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570086877270