



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: <i>Express Wheelchair Transport</i>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>5</i> A.M. to <i>11</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>12001 Dr. MLK JR. St. N #3803</i>		PHONE: <i>727-318-0498</i>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <i>St. Petersburg, FL 33716</i>		
OFFICER/DIRECTOR NAME & TITLE: <i>Omar Suid / owner</i>	PHONE NUMBER & E-MAIL: <i>727-318-0498</i> <i>expresswheelchairtransport@gmail.com</i>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: <i>5am - 11pm</i>	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: *[Signature]* DATE: *5/7/26*

STATE OF FLORIDA
COUNTY OF *Pinellas*

Subscribed and sworn to (or affirmed) before me this *11th May 2026* by *omar Suid*, who is/are personally known to me or has/have produced *FL. DL.* as identification.

(SEAL) *[Signature]*



SHAVON MATTIELLO
Commission # HH 763312
Expires March 21, 2030

(Name of Notary typed, printed or Form stamped)

Please download and complete this form.



Upload the notarized the COPCN Notary Form here

copcn 2026.pdf

Name

Document Type

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Sole Proprietor

Company Information (Form A)

Company Information

Organization Name

Express Wheelchair Transport

*Street 1

12001 Dr. MLK Jr. Street N

Street 2

#3803

*Postal Code

33716

City

Saint Petersburg

State

Florida

Phone

727 - 318 - 0498 Ext:

Fax

- -

***Hours of operation**

24 hour availability

Company Contacts

Position

Officer/Director

***Action to take**

Update record in the service

This is the action that will be taken within the service for the User you select below.

***Search Contact**

Suid, Omar (573001)

***Work Phone**

727 - 318 - 0498 Ext:

Email

expresswheelchairtransport@gmail.com

Position

Vice Officer/Director

***Search Contact**

Suid, Omar (573001) *

***Work Phone**

727 - 318 - 0498 Ext:

***Email**

expresswheelchairtransport@gmail.com

Position

Business Hours Point-of-Contact

***Search Contact**

Suid, Omar (573001) *

***Work Phone**

727 - 318 - 0498 Ext:

***Email**

expresswheelchairtransport@gmail.com

Position

After Hours Point-of-Contact

*User

Suid, Omar (573001)



*Work Phone

727

- 318

- 0498

Ext:

*Email

expresswheelchairtransport@gmail.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

os

*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.

*Initials

os

Section 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)

*Initials

os

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

os

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

os

Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

*Initials

os

Vehicles (Form C)

Section 1

*Vehicle

Find

Unit Number

1

Vehicle Tag Number

*Vehicle Identification Number(VIN)

2C7WDGBG9JR159806

*Active

Yes No

Personnel (Form D)

Section 1

Personnel ID

573001

User

Suid, Omar (573001)

Position

- Pinellas County EMS Training Coordinator
- EMS Coordinator
- Primary Contact
- Operations Officer
- Medical Director (On-Line)
- Medical Director (Off-Line)
- Service Director
- Assistant Service Director
- Service Representative
- Primary QA Contact
- Infection Control Officer
- Fire Administration
- Fire Marshall
- Fire Chief
- Agency Admin Support
- CCT Coordinator
- SWAT Supervisor
- Sunstar Supervisor

- EMS Chief
- Sunstar Admin Support
- Fire Inspector
- Fire Coordinator
- WCT Admin Support
- Officer/Director
- Vice Officer/Director
- Business Hours Point-of-Contact
- After Hours Point-of-Contact
- C.JIS Coordinator

Required Documents

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)

Policy Type

Policy ▼

Number

Issued Date

06/16/2025 Today

Expiration Date

06/16/2026 Today

*Insurance Verification

[Change File](#) coi 5-7-26.pdf

Name

Insurance Verification

Document Type

Insurance Verification ▼

Certificate of Incorporation

*Certificate of Incorporation

[Change File](#) FL bzns 2026.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation ▼

*Retail Rate Schedule

[Change File](#) rate sheet 2026.pdf

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/07/2026

[Today](#)

*Signature

Signed on May 7, 2026 9:43:15 PM by Omar Suid



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2026

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 JAYMUKLUND INC 740 FLORIDA CENTRAL P, LONGWOOD, FL 32750	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Progressive Express Insurance Company</td> <td>10193</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Progressive Express Insurance Company	10193	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED EXPRESS WHEELCHAIR TRANSPORT LLC 12001 Dr M.L.K. Jr St N APT 3803 St. Petersburg, FL 33716														

COVERAGES

CERTIFICATE NUMBER: 446550276636159409D051126T155711

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	998899376	06/16/2025	06/16/2026	COMBINED SINGLE LIMIT (Ea accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	998899376	06/16/2025	06/16/2026	\$


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

CERTIFICATE HOLDER

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA
 400 SOUTH 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


AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY JAYMUKUND INC		NAMED INSURED EXPRESS WHEELCHAIR TRANSPORT LLC 12001 Dr M.L.K. Jr St N APT 3803 St. Petersburg, FL 33716	
POLICY NUMBER 998899376			
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 06/16/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only

Description of Location/Vehicles/Special Items

Scheduled autos only	
2018 DODGE GRAND CARAVAN 2C7WDGBG9JR169806	
Comprehensive	\$500 Ded
Collision	\$500 Ded
Rental Reimbursement	\$30 Per Day (\$900 Max)
Roadside Assistance	Selected w/\$0 Ded

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000258586

Entity Name: EXPRESS WHEELCHAIR TRANSPORT, LLC

Current Principal Place of Business:

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

Current Mailing Address:

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

FEI Number: 99-3382135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUID, OMAR MR
12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SUID, OMAR MR
Address 12001 DR MARTIN LUTHER K JR
 STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OMAR SUID

MANAGER

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



Express Wheelchair Transport

12001 Dr Martin Luther King Jr. Street North
Unit# 3803
St.Petersburg, FL 33716
(727)318-0498

Rate Sheet

- **Standard wheelchair rate:**
\$85 plus \$3 per mile, per passenger. Additional \$25-\$50 after hours (7pm-4:59am). Additional \$80 on federal holidays. Plus 4%
- **Wait time fee:** \$20 after the first 20 minutes of agreed pick up time. Assessed in increments of 20 minutes
- **Cleaning fee:** as reasonably needed. \$40- \$120
- **Cancellation fee:** 40% cancellation fee if cancelled 36 hours prior to appointment time.

** Prices differ for medical facilities

(727)318-0498

Expresswheelchairtransport@gmail.com

www.expresswheelchairtransport.com