



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: AMERICHAIR TRANSPORT SERVICE INC.
HOURS OF OPERATION: 5 A.M. to 5 P.M.
ADDRESS 1: 3145 GRAND AVE
PHONE: (727) 201-0075
ADDRESS 2: APT. 108
FAX: (727) 209-3397
CITY, STATE, ZIP CODE: PINELLAS PARK, FLORIDA 33782
OFFICER/DIRECTOR NAME & TITLE: CHRISTOPHER CLARK | PRESIDENT
PHONE NUMBER & E-MAIL: (518) 588-4349 (L) (727) 201-0075 (W) christopherclark@americairtransport.com
VICE OFFICER/DIRECTOR NAME & TITLE: HANNAH CLARK
PHONE NUMBER & E-MAIL: (727) 410-8057 (L) (727) 201-0075 (W) hannahclark@americairtransport.com
BUSINESS HOURS POINT-OF-CONTACT: CHRISTOPHER CLARK
PHONE NUMBER & E-MAIL: ||
AFTER HOURS POINT-OF-CONTACT: CHRISTOPHER CLARK
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.

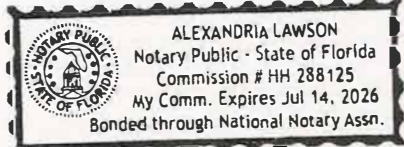
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: MARCH 30, 2023

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this March 30th 2023 by Christopher Clark, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL) [Signature]



(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: AMERICHAIR TRANSPORT SERVICE INC.

Date: MARCH 30, 2023

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. 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. 004	JMP H09	1FTNE14N48DA05508													
2. 006	Y44 ONM	1FBAX2CM5KKA47501													
3. 003	QEP S48	2C4RDG6G7KR632192													
4. 005	QEP S49	2C4RDG6G9KR557611													
5. 001	QTK P46	2C4RDG6G6KR792145													
6. 002	QTK P45	2C4RDG6G2KR798489													
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 4/20/23



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page: of

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. 006	444 DNM	1FBAX2CM5KKA47501													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. 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. CHRISTOPHER CLARK	C462-103-75-300-0	8-20-2026	8-20-1975	
2. HANNAH CLARK	C462-332-86-604-0	3-24-2026	3-24-1986	
3. GARY WALKER	W426-292-59-389-0	10-29-2029	10-29-1959	
4. ANTHONY STEWART	S363-018-69-052-0	2-12-2025	2-12-1969	
5. BRENDAN SMITH	S530-073-64-304-0	8-24-2029	8-24-1964	
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2022

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 Brown & Brown of Florida, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		CONTACT NAME: Christine Ellis PHONE (A/C, No, Ext): (321) 757-8686 E-MAIL ADDRESS: Chrissie.Ellis@bbrown.com FAX (A/C, No): (321) 757-8687	
INSURED Americhair Transport Service, Inc. 3145 Grand Ave Apt.108 Pinellas Park FL 33782		INSURER(S) AFFORDING COVERAGE INSURER A : Lloyd's INSURER B : Prime Property & Casualty Insurance Inc INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 14371	

COVERAGES

CERTIFICATE NUMBER: 22-23 Master Liab

REVISION NUMBER:

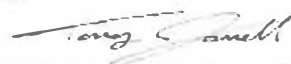
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDITIONAL INSURED	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Claim	Y		HAH22-0469	06/14/2022	06/14/2023	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP ACG \$ Included Sexual Misconduct-Agg \$ 600,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PC22061228-0	06/13/2022	06/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Basic \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						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	Y/N	N/A				PER STATUTE OTHER 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)

Pinellas County is listed as Additional Insured under the General Liability policy

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County 400 S. Fort Harrison Ave. Clearwater FL 33756	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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.