



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2018 – June 30, 2019**

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: A TRINITY WHEELCHAIR TRANSPORTATION		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 6 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 8343 ROYAL HART DR.		PHONE: 727-389-1438
ADDRESS 2:		FAX: 727-375-8181
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL. 34653		
OFFICER/DIRECTOR NAME & TITLE: GERALD GLUCK, PRESIDENT	PHONE NUMBER & E-MAIL: 727-389-1438 HOMEB124U03@AOL.COM	
VICE OFFICER/DIRECTOR NAME & TITLE: KATHLEEN GLUCK VICE-PRESIDENT	PHONE NUMBER & E-MAIL: 727-967-7455 HOMEB124U03@AOL.COM	
BUSINESS HOURS POINT-OF-CONTACT: 6 AM - 7 PM GERALD GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HOMEB124U03@AOL.COM	
AFTER HOURS POINT-OF-CONTACT: GERALD GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HOMEB124U03@AOL.COM	

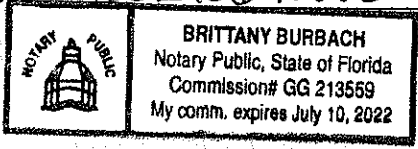
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: *Gerald J. Gluck* DATE: 3/26/2019

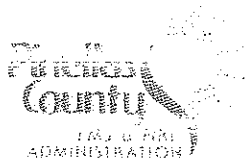
STATE OF FLORIDA
COUNTY OF PASCO

Subscribed and sworn to (or affirmed) before me this 3/26/19 by Gerald J Gluck, who is/are personally known to me or has/have produced 0420290041880 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: A TRINITY WHEELCHAIR TRANSPORTATION

Date: 3/19/2019

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>MB</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>MB</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>MB</u> <u>MB</u> <u>MB</u> <u>MB</u> <u>MB</u> <u>MB</u> <u>MB</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>MB</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>MB</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>MB</u>



WHEELCHAIR VEHICLE ROSTER
 Pinellas County Rules and Regulations, as Amended

Name of Service: A TRINITY WHEELCHAIR TRANSPORTATION Page: 1 of 1

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
112	BVA003	2D4GP44L0SR195958	/	/	/	/	/	/	/	/	/	/	/	/	/
116	GLTP14	2D46P44L96R630266	/	/	/	/	/	/	/	/	/	/	/	/	/
117	GDWP96	1D46P24R77B256507	/	/	/	/	/	/	/	/	/	/	/	/	/
114	KQDN38	1D46P24R54B533263	/	/	/	/	/	/	/	/	/	/	/	/	/
NOTHING FOLLOWS															
5															
6															
7															
8															
9															
10															
11															
12															

EMS INSPECTOR: [Signature]

Date: 5.22.19

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

Name of Service: A Trinity Wheelchair Transportation Page: 1 of 1

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 Companion Roster may be attached, as long as all required information is included.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. Gluck, Gerald (Jerry)	G420-290-64-188-0	05/28/2022	05/28/1964	571196
3. Saari, Steven	S-600-793-58-042-0	02/07/2025	02/07/1958	571200
4. McVey Jr., John	M210-461-50-121-0	04/01/2026	04/01/1950	
5.				
6.				
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14.				
15.				
16.				

Named insured

TRINITY MOBILITY INC
A TRINITY WHEELCHAIR TRAN
8343 ROYAL HART DR
NEW PORT RICHEY, FL 34653

Policy number: 04047187-1

Underwritten by:
Progressive Express Ins Company
October 23, 2018
Policy Period: Aug 1, 2018 - Aug 1, 2019
Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-727-544-8841

ARCW INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began on August 1, 2018 at 12:01 a.m. This policy expires on August 1, 2019 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852FL (10/04), 1652FL (08/12), 4757FL (01/13), Z311 (11/02), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective October 22, 2018

Premium change:	\$2,750.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$9,766
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist Non-Stacked	\$50,000 combined single limit		1,504
Basic Personal Injury Protection			832
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		142
Comprehensive			911
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			866
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			201
See Auto Coverage Schedule			
Roadside Assistance			132
See Auto Coverage Schedule			
Total 12 month policy premium			\$14,354

Rated driver

- 1. GERALD GLUCK
- 2. JOHN MCVEY
- 3. STEVEN SAARI
- 4. THOMAS LOCKWICH

Auto coverage schedule

1. **2005 Dodge Grand Caravan** Stated Amount: *\$17,500 (including Permanently Attached Equip)
 VIN: 2D4GP44L05R195958 Garaging Zip Code: 34653 Radius: 100

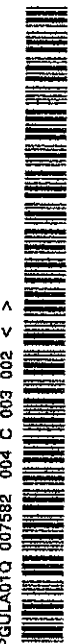
Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,307	\$376	\$209	\$46	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$202	\$500	\$155	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$45	\$3,407

2. **2006 Dodge Grand Caravan** Stated Amount: *\$20,000 (including Permanently Attached Equip)
 VIN: 2D4GP44L96R630266 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,383	\$376	\$209	\$47	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$220	\$500	\$177	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$44	\$3,523

3. **2007 Dodge Grand Caravan** Stated Amount: *\$23,690 (including Permanently Attached Equip)
 VIN: 1D4GP24R77B256507 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,457	\$376	\$209	\$49	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$244	\$500	\$206	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$43	\$3,651



4. **2004 Dodge Grand Caravan**
 VIN: 1D4GP24R54B533263

Stated Amount: *\$26,000 (including Permanently Attached Equip)
 Garaging Zip Code: 34653 Radius: 100

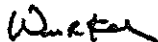
Liability Premium	Liability	UM/UIM BI	PIP		
	\$2,619	\$376	\$205		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$245	\$500	\$328	\$3,773

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

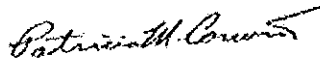
Premium discounts

Policy	
04047187-1	Business Experience and CDL Experience
Vehicle	
2005 Dodge Grand Caravan	Anti-Theft Device 2
2006 Dodge Grand Caravan	Anti-Theft Device 2
2007 Dodge Grand Caravan	Anti-Theft Device 2
2004 Dodge Grand Caravan	Anti-Lock Brakes and Air Bag

Agent signature



Company officers



Secretary