



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: Andra TRANSPORTATION Inc
HOURS OF OPERATION: 06:00 A.M. to 06:00 P.M.
ADDRESS 1: 12879 114TH ST N
PHONE: 727-557-9664
ADDRESS 2:
FAX:
CITY, STATE, ZIP CODE: Largo FL 33778
OFFICER/DIRECTOR NAME & TITLE: Annjel QUESADA
PHONE NUMBER & E-MAIL: 727-557-9664 andragv@gmail.com
VICE OFFICER/DIRECTOR NAME & TITLE: Claudia VAROLA
PHONE NUMBER & E-MAIL: 727-851-0638 claudiaVAROLA25@yahoo.com
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.

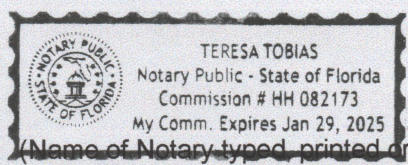
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: 04-01-2022

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 4/1/2022 by Annjel QUESADA, who is/are personally known to me or has/have produced Florida Drivers License as identification.

(SEAL) [Signature]
Teresa Tobias









WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Accla Transportation LLC

Date: 07-01-2022

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>AR CV</u>  <u>AR CV</u>
8.1	Written record contains: <ul style="list-style-type: none"><li>• Date Call Received</li><li>• Time Call Received</li><li>• Pick-up &amp; Destination Address</li><li>• Arrival Time at Destination</li><li>• Client's Name</li><li>• Person Ordering Transport</li><li>• Telephone Number of Caller ("if applicable)</li></ul>	<u>AR CV</u> <u>AR CV</u> <u>AR CV</u> <u>AR CV</u> <u>AR CV</u> <u>AR CV</u> <u>AR CV</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>AR CV</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>AR CV</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>AR CV</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Angela Johnson 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/ stretcher	Properly designed passenger safety belts and/or straps	Radio/mobile phone for communication with base station	Exterior lights - high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1	2YXW91	2D4RN3D628G37744	X	X	X	X	X	X	X	X	X	X	X	X	X
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EMS INSPECTOR: John Murphy Date 4/1/2022





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

Name of Service: Amble 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 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.	<u>Quasada, Amiel</u>	<u>Q222-0900-98-135-0</u>	<u>04-15-2024</u>	<u>04-15-1998</u>	
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