

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW TRENEWAL	
SERVICE TYPE: Wheelchair Transport  Stretcher Transport	☐ ALS Interfacility ☐ ALS Non-Transport ☐ ALS Transport
TYPE OF ENTITY: Sole Proprietor Partr	nership Non-Profit Corporation Corporation
ORGANIZATION NAME:	HOURS OF OPERATION:
Anda TRANSPORTATION INC	06:00 A.M. to 06:00 □A.M. / ☑P.M. PHONE:
12879 11474 ST W	727-557-9664
ADDICEO 2.	
CITY, STATE, ZIP CODE:	
LARGO F/ 33778	
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Anniel Quesaid	777-557-9664 AndAgy @ Conail. con
VICE OFFICER/DIRECTOR NAME & ITTLE.	727-851-0638 claud: A VARCLASS @ YAhoo .com PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Incorporation, Certification of Fictitious Name (d.b.a) i	ification Form, Vehicle Roster(s), Driver Roster(s), Certificate of f applicable, Insurance Verification for the highest level of service ew applications per County Driver Certification Requirements.
I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the rec	firm, do hereby acknowledge this certificate may be suspended or quirements of the Pinellas County Code or Rules and Regulations.
SIGNATURE OF APPLICANT:	DATE:
fun:4	04-01-2022
STATE OF FLORIDA	
COUNTY OF Pinellas	
Subscribed and sworn to (or affirmed) before me this _	4/1/2022 by Anniel Drigada, who
is/are personally known to me or has/have produced	Florida Drivers Cicina as identification.
(SEAL) Jenn Jacon Teren To	TERESA TOBIAS Notary Public - State of Florida Commission # HH 082173 My Comm. Expires Jan 29, 2025 (Name of Notary typed, printed or Form stamped)
Form A. Rev. 02/06/2017	



### CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)**4/12/2022

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).

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su						
PRO	DUCER				CONTAC NAME:	CT Luis Lagu	ıado			
Gar	zor Insurance				PHONE (A/C, No	o, Ext): (321) 20	06-8035	FAX (A/C, No):		
436	9 HUNTERS PARK LANE				È-MÁIL ADDRES	ss: laguado@	garzorinsuran	ce.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Orla	ando			FL 32837	INSURE	RA: SCOTTS	SDALE INS C	O		41297
INSU	RED				INSURE	кв: GRANA	DA INSURAN	NCE CO		16870
	Ancla Transportation LLC				INSURE	RC:				
	6406 68TH AVE N				INSURE	RD:				
					INSURE	RE:				
	PINELLAS PARK			FL 33781	INSURE	RF:				
CO	/ERAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF									
	DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER									•
E	(CLUSIONS AND CONDITIONS OF SUCH P	OLICI	ES. LI	MITS SHOWN MAY HAVE BE		DUCED BY PAI	D CLAIMS.		,	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	300,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
Α				CPS7351004		04/23/2021	04/23/2022	PERSONAL & ADV INJURY	\$	300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	600,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	600,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	300,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED AUTOS ONLY SCHEDULED AUTOS			0110FL00041503-2		01/23/2022	01/23/2023	,	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								P.I.P.	\$	10,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							LDED L LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEG	CONTINUE OF OPERATIONS (LOCATIONS (VEHIC		1000	D 404 Additional Damanta Oakad		h	1	des d		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC neduled Vehicle:	LES (	ACORI	D 101, Additional Remarks Sched	iuie, may	be attached if me	ore space is requ	urea)		
	11 DODGE GRAND CARAVAN VIN# 2I	04RN	3DG2	2BR637744						
	neduled Driver:									
AN	NIEL QUESADA DL# Q232-000-98-135-0	)								
	TITIOATE HOLDER				04110	TILATION				
CEF	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	ULD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE CA	ANCELLE	D BEFORE
	Pinallas County							F, NOTICE WILL BE DELIV	ERED IN	
	Pinellas County				ACC	ORDANCE WII	IN THE PULIC	Y PROVISIONS.		
	A Political Subdivision of the St	tate of	f Flori	ida	AUTHO	RIZED REPRESE	NTATIVE			
	400 South Ft Harrison Ave				2005 NR					
l	400 South Pt Halfison Ave			Mariana Zorrilla						

Clearwater FL 33756



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

#### Pinellas County Rules and Regulations, as Amended

Name of Service: Ancla Tidens Goot Alton LLC

Date: 03-01-2022

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	AR CV
	*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.	AQ CV
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)	19 CV 19 CV 19 CV 19 CV 19 CV 19 CV
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	AQ CV
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	AR CV
8.1	Dispatch audio & written/electronic records shall be available for inspection.	10 CV

Form B Rev. 02/06/2017



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

Coun	tu	Name of Service:	N number	s for all v	vehicles.	If more I	nes are n	eeded, it & Fire Ar	is accept fministrat	able to d	opy this fo	orm. A C	Page: _ company l appoints	Roster m	
Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Clant compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dentituat that interferes with safe operation	Equipment in patient compartment safety secured	Doors, latches, and handles working properly	Patient lift platform working properly	Postive means of securing/locking wheelchalinstretoner	Properly designed passenger safety belts and/or straps	Radiotableticel phone for communication with base station	Exterior lights - high, low, turns, brake, talls, backup	Interior clean, sanitary and in good working order
1	Tycwal	20 48N3 D628863 7784	×	×	×	×	X	X	×	x	X	X	X	X	X
2															
•															
,															
90.															
11.															
12.													10000		
Form C-1 R	ov. 02/06/201	7	EMS II	NSPECT	OR:	Joh	in W	lurp	hy	Date	4/1/2	2022			



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

Name of Service: Anch	( KANS PRETATION	Page: of
Attach a copy of the Class E Driver' Roster may be attached, as long as	s License for each listed Driver. If more lines are nee all required information is included.	ided, it is acceptable to copy this form. A Company

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID#
Oversell, Simial	Q232-000-98-135-0	04-15-2024	04-15-1998	
2				
A				