



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: Wheelchair Transport Service		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 14561 58th St N		PHONE: 727-586-2811
ADDRESS 2:		FAX: 727-218-1013
CITY, STATE, ZIP CODE: Clearwater, FL 33760		
OFFICER/DIRECTOR NAME & TITLE: George Williams	PHONE NUMBER & E-MAIL: bud@williamstrans.com 727-543-2086	
VICE OFFICER/DIRECTOR NAME & TITLE: Clifton Williams	PHONE NUMBER & E-MAIL: Clifton@williamstran.com 727-218-1028	
BUSINESS HOURS POINT-OF-CONTACT: Jeffrey Cornwell	PHONE NUMBER & E-MAIL: jeff@wheelchairtransport.com 727-657-8300	
AFTER HOURS POINT-OF-CONTACT: Jeffrey Cornwell	PHONE NUMBER & E-MAIL: jeff@wheelchairtransport.com 727-657-8300	
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: <i>[Signature]</i>	DATE: 04/24/2026	
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>4/24/2026</u> by <u>Kristina Dunas</u> , who is/are personally known to me or has/have produced _____ as identification.		
(SEAL)		
 (Name of Notary typed, printed or Form stamped)		

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.



Upload the notarized the COPCN Notary Form here

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PCEMS APPLICATION NOTARIZED 042426.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents



Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input checked="" 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

Corporation

Company Information (Form A)

Company Information

Organization Name

Wheelchair Transport Service

*Street 1

14561 58th Street N

Street 2

2965 Palm Harbor Blvd

*Postal Code

33760

City

Clearwater

State

Florida

Phone

727

-

586

-

2811

Ext:

Fax

727 - 218 - 1013

*Hours of operation

24

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

Dumas, Kristina

*Work Phone

727 - 249 - 3077 Ext:

Email

kdumas@wheelchairtransport.com

Position

Vice Officer/Director

*Search Contact

Dumas, Kristina

*Work Phone

727 - 249 - 3077 Ext:

*Email

kdumas@wheelchairtransport.com

Position

Business Hours Point-of-Contact

*Search Contact

Dumas, Kristina

*Work Phone

727 - 249 - 3077 Ext:

*Email

kdumas@wheelchairtransport.com

Position

After Hours Point-of-Contact

*User

Dumas, Kristina



*Work Phone

727 - 249 - 3077 Ext:

*Email

kdumas@wheelchairtransport.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

KD

*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

KD

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

KD

Section 8.1

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

*Initials

KD

Section 8.1

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

*Initials

KD

Section 8.1

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

*Initials

KD

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
---------	-------------	--------------------	------------------------------------	--------

101	101	PASI30	5TDKZ3DC7JS905855	Yes
102	102	PASI36	5TDKZ3DC1JS904507	Yes
103	103	PASI25	5TDKZ3DC1JS951360	Yes
104	104	LMWJ81	JTDKN3DU7B0287283	Yes
105	105	DHIY67	1FTBR1C82LKB61352	Yes
106	106	DHIY64	1FTBR1C81LKB66672	Yes
107	107	DHIY62	1FTBR1C83LKB66673	Yes
108	108	Y85DFZ	1FBAX2C8XLKB38039	Yes
112	112	10BBYB	JDTKN3DU9C1502030	Yes
113	113	DHJJ15	2C4RC1AG1MR558757	Yes
114	114	Y84DFZ	2C4RC1AG1MR565627	Yes
115	115	DWAI21	2C4RC1AG4MR558784	Yes
116	116	Y89DFZ	2C4RC1CG0X1R105292	Yes
117	117	EGCT82	2C4RDGCGXKR717673	Yes
118	118	ETMT45	2C4RDGCGHR859557	Yes
119	119	29BRWSW	2C4RD1CG3NR105285	Yes
120	120	DHIY66	2C4RC1CG5NR105286	Yes
121	121	DHIY72	2C4RC1CG7NR105287	Yes
122	122	32BRWSW	2C4RC1CG9NT105288	Yes
123	123	31BRWSW	2C4RCV1CG0NR105289	Yes
124	124	30BRWSW	2C4RC1CG6NR105295	Yes
125	125	DRFK52	2C4RC1CGXNR105297	Yes
126	126	NAEJ52	2C4RC1CG1NR105284	Yes
127	127	ETMT40	2C4RC1CG7NR105290	Yes
128	128	ETMT47	2C4RC1CG9NR105291	Yes
129	129	ETMT51	2C4RC1CG2NR105293	Yes
130	130	Y88DFZ	2C4RC1CG4NR105294	Yes
131	131	DHIY61	2C4RC1CG8NR105296	Yes
132	132	DHIY60	2C4RC1CG1NR105298	Yes
133	133	78DAGE	2C4RC1CG6NR105264	Yes
134	134	76DAGE	2C4RC1CG8NR105265	Yes
135	135	77DAGE	2C4RC1CG5NR105269	Yes
136	136	8889AW	2C4RC1CG2NR105262	Yes
137	137	73DAGE	2C4RC1CGXNR105302	Yes
138	138	75DAGE	2C4RC1CG5NR105272	Yes
139	139	74DAGE	2C4RC1CG3NR105268	Yes
140	140	DHIY71	1FTYE1C8XNKA76235	Yes
141	141	335MYQ	1FTYE1C81NKA76236	Yes
142	142	AW26YK	1FTYE1C80NKA76227	Yes
143	143	CWAJ64	1FTYE1C80NKA76244	Yes
144	144	ETMT39	1FTYE1C81NKA76219	Yes
145	145	HZED94	1FTYE1C87NKA76273	Yes
146	146	LMWJ80	1FTYE1C85NKA76238	Yes
147	147	ETMT38	1FTYE1C80NKA76258	Yes
148	148	EEWR25	1FTYE1C88NKA76279	Yes
307	307	27DEBQ	1FTNE1EW3EDA86432	Yes
323	323	EEWR29	1FMZK1CMXFKB01383	Yes
330	330	Y45DYS	1FMZK1CM4GKA33020	Yes
337	337	Y46DYS	1FMZK1CM6GKA33021	Yes
338	338	Y47DYS	1FMZK1CMXGKA33023	Yes
339	339	Y48DYS	1FMZK1CM5GKA33026	Yes
340	340	Y49DYS	1FMZK1CM7GKA33027	Yes
348	348	ETMT52	1FTYE2CM0GKA50846	Yes
351	351	HGNI60	1FTYR1CM9GKA65120	Yes
353	353	GVHJ07	1FTYR2CM7GKB06978	Yes
357	357	334MYQ	1FTYR2CM7HKA02086	Yes
358	358	330MYQ	1FTYR2CM9HKA02087	Yes
359	359	EEWR23	1FTYR2CM9HKB27327	Yes
360	360	GEDT37	1FTYE2CM0HKB27331	Yes
361	361	514MYQ	1FTYE2CM0HKB27328	Yes
363	363	331MYQ	5TDZZ3DC2HS856296	Yes

<input checked="" type="checkbox"/>	365	365	DWSD82	5TDZZ8DC0HS876827	Yes
<input checked="" type="checkbox"/>	366	366	Y86DFZ	5TDZZ3DCXHS877252	Yes
<input checked="" type="checkbox"/>	367	367	HZED95	2C4RDGCG7GR179957	Yes
<input checked="" type="checkbox"/>	370	370	JUWU71	2C4RDGCG8GR179109	Yes
<input checked="" type="checkbox"/>	376	376	329MYQ	2C4RDGCG2ER392232	Yes
<input checked="" type="checkbox"/>	377	377	326MYQ	1FTYR1CM1HKA01879	Yes
<input checked="" type="checkbox"/>	378	378	332MYQ	5TDZZ3DC8HS877668	Yes
<input checked="" type="checkbox"/>	379	379	HZED97	1FTTYE2CM6JKB21958	Yes
<input checked="" type="checkbox"/>	380	380	HZED96	1FTYE2CM1HKA42417	Yes
<input checked="" type="checkbox"/>	381	381	GREN53	1FTYE2CMXGKB25925	Yes
<input checked="" type="checkbox"/>	382	382	IJCD57	1FTYE2CM2GKB25921	Yes
<input checked="" type="checkbox"/>	383	383	ETMT50	1FTYE2CM1GKB25926	Yes
<input checked="" type="checkbox"/>	384	384	325MYQ	1FTYE2CM4GKB25922	Yes
<input checked="" type="checkbox"/>	385	385	EEWR20	1FTYE2CM4GKB25922	Yes
<input checked="" type="checkbox"/>	386	386	EEWR28	1FMZK1CM4GKA09218	Yes
<input checked="" type="checkbox"/>	387	387	KYBU09	1FTYE2CM3GKB25930	Yes
<input checked="" type="checkbox"/>	388	388	Y83DFZ	1FTYE2CM6GKB25923	Yes
<input checked="" type="checkbox"/>	389	389	327MYQ	1FTYE2CM7GKB25929	Yes
<input checked="" type="checkbox"/>	390	390	Y81DFZ	1FMZK1CM6GKA04957	Yes
<input checked="" type="checkbox"/>	391	391	328MYQ	1FTYE2CM5GKB25928	Yes
<input checked="" type="checkbox"/>	392	392	EEWR18	1FTYE2CM3GKB25927	Yes
<input checked="" type="checkbox"/>	393	393	EEWR21	1FTYE2CM8GKB25924	Yes
<input checked="" type="checkbox"/>	394	394	EEWR22	2C7WDGBG4KR683804	Yes
<input checked="" type="checkbox"/>	395	395	336MYQ	2C7WDGBG8KR754549	Yes
<input checked="" type="checkbox"/>	396	396	NRV02	2C7WDGBG8KR649509	Yes
<input checked="" type="checkbox"/>	397	397	Y82DFZ	2C7WDGBG8KR752171	Yes
<input checked="" type="checkbox"/>	398	398	PASI35	5TDKZ3DC2JS940450	Yes
<input checked="" type="checkbox"/>	399	399	PASI31	5TDKZ3DC9JS906862	Yes
<input checked="" type="checkbox"/>	150	150	14A750	1FBAX2C81PKA47599	Yes
<input checked="" type="checkbox"/>	151	151	14A751	1FBAX2C8XPKA44426	Yes
<input checked="" type="checkbox"/>	152	152	36A975	2C4RC1CG1PR578766	Yes
<input checked="" type="checkbox"/>	154	154	36A977	2C4RC1CG3PR578753	Yes
<input checked="" type="checkbox"/>	157	157	14A753	2C4RC1BG5NR168759	Yes

Personnel (Form D)

Section 1

meggers	User	Position
<input checked="" type="checkbox"/>	566515	Amin Male, Fady S (566515)
<input checked="" type="checkbox"/>	566443	Andritsakis, Constantine (566443)
<input checked="" type="checkbox"/>	566550	Barile, Tyler R (none)
<input checked="" type="checkbox"/>	566514	Berlingeri Mr, Giancarlo (566514)
<input checked="" type="checkbox"/>	566517	Bridges, John T (566517)
<input checked="" type="checkbox"/>	566462	Calderon, Zhamarie Arias (566462)
<input checked="" type="checkbox"/>	566338	Carter, David (566338)
<input checked="" type="checkbox"/>	566096	Conchambay, Moises Agustin (566096)
<input checked="" type="checkbox"/>	568407	Cooper, Sharran (568407)
<input checked="" type="checkbox"/>	566507	Crosby, Aerie (566507)
<input checked="" type="checkbox"/>	566529	Davis Mr, Christopher (566529)
<input checked="" type="checkbox"/>	566538	Delgado, Einar (566538)
<input checked="" type="checkbox"/>	566543	Dublino, Sean (566543)
<input checked="" type="checkbox"/>		Dumas, Kristina (none) WCT Admin Support
<input checked="" type="checkbox"/>	566509	Estupinan, Yasmany (566509)
<input checked="" type="checkbox"/>	566439	Exantus, Georges (566439)
<input checked="" type="checkbox"/>	566402	Fogle, Suzette R (566402)
<input checked="" type="checkbox"/>	562432	Forbes, Christopher J (562432)
<input checked="" type="checkbox"/>	566495	Ford, Jesse J (566495)
<input checked="" type="checkbox"/>	566544	Galeano, Tomas L (566544)
<input checked="" type="checkbox"/>	566501	Gannon, Martha (566501)
<input checked="" type="checkbox"/>	566267	Glantz, Cord (566267)
<input checked="" type="checkbox"/>	566387	Gonzalez Jr, Daniel L (566387)
<input checked="" type="checkbox"/>	566463	Gonzalez, Jordan Miguel (566463)
<input checked="" type="checkbox"/>	566519	Grant, Cedrick J (566519)

<input type="checkbox"/>	566329	Grimm, Matthew wvaton (566329)
<input type="checkbox"/>	566520	Gulley, Michael (566329)
<input type="checkbox"/>	562438	HAIRSTON, Michael Jerome (566520)
<input type="checkbox"/>	566546	Heinrichs, Donald G (562438)
<input type="checkbox"/>	566497	HOLTON, DOUGLAS (none)
<input type="checkbox"/>	566547	Jimenez, Sebastian L (566497)
<input type="checkbox"/>	562430	Johnson, Lew A (none)
<input type="checkbox"/>	566512	Kuhn, Allan T (562430)
<input type="checkbox"/>	566541	Lambert III, Curtis P (566512)
<input type="checkbox"/>	566088	Lashman, Michael Allen (566541)
<input type="checkbox"/>	566536	Maldonado, Madelyn G (566088)
<input type="checkbox"/>	562436	Malloy, Sean (563536)
<input type="checkbox"/>	566549	Manuel, Eric (562436)
<input type="checkbox"/>	566397	Marks, Joseph (none)
<input type="checkbox"/>	566492	Martin, Joseph (566397)
<input type="checkbox"/>	562419	Mathew, Thomas (566492)
<input type="checkbox"/>	566317	Mcbride, Tyler (562419)
<input type="checkbox"/>	566537	Miller, Arseles (566317)
<input type="checkbox"/>		Mohamed, Yassir (566537)
<input type="checkbox"/>	566513	Moore, Frederick Robert (553669)
<input type="checkbox"/>	566540	Morales, Jody J (566513)
<input type="checkbox"/>	568361	Morcos, Medhat K (566540)
<input type="checkbox"/>	566542	Motén, Jerome (568361)
<input type="checkbox"/>	566525	Munoz, Robert F (566542)
<input type="checkbox"/>	566548	Naranjo, Edilberto (566525)
<input type="checkbox"/>	566518	Noratel, Phillip M (566548)
<input type="checkbox"/>	566545	Ocasio, Alberto (566518)
<input type="checkbox"/>	566516	Omari, Jelani (566545)
<input type="checkbox"/>	566381	Ouellette, Jaime E (566516)
<input type="checkbox"/>	566535	Pacheco, Jean M (566381)
<input type="checkbox"/>	566210	Pena, Luis A (566535)
<input type="checkbox"/>	566320	Perez, Jose (566210)
<input type="checkbox"/>	566504	Pompey, Maurion (566320)
<input type="checkbox"/>	566380	Porter, Forest (566504)
<input type="checkbox"/>	566357	Prahl, Tina (566380)
<input type="checkbox"/>	562078	Reyes, Martín Alessandro (566357)
<input type="checkbox"/>	566489	Rivera, Hector (562078)
<input type="checkbox"/>	566483	Roach Sr, Derrick Stanley (566489)
<input type="checkbox"/>	566013	Roberts, Emily (566483)
<input type="checkbox"/>	566347	Roberts, Oliver (566013)
<input type="checkbox"/>	566389	Robinson, Antoinette M (566347)
<input type="checkbox"/>	566508	Rocque, Lisa (566389)
<input type="checkbox"/>	566235	Rodriguez, Sebastian (566508)
<input type="checkbox"/>	562434	Rodriguez, Hugo (566235)
<input type="checkbox"/>	566440	Rollins, Corey (562434)
<input type="checkbox"/>	566527	Scott, Dyquan (566440)
<input type="checkbox"/>	562437	Shehata M, Nessim A (566527)
<input type="checkbox"/>	566288	Smyth, Tatiana (562437)
<input type="checkbox"/>	566470	Stroud, James D (566288)
<input type="checkbox"/>	566496	Tate, Shyanne (566470)
<input type="checkbox"/>	566294	Taylor, Kenneth J (566496)
<input type="checkbox"/>	566523	Thorn, Pamela (566294)
<input type="checkbox"/>	566466	Torres Colon, Jorge I (566523)
<input type="checkbox"/>	566503	Toussaint, Smith (566466)
<input type="checkbox"/>	566510	Usher, Cory (566503)
<input type="checkbox"/>	566412	Valdes-Freire, Alexander (566510)
<input type="checkbox"/>	566428	Vella, Alessandro (566412)
<input type="checkbox"/>	566524	Wright, Jesse (566428)
<input type="checkbox"/>		Young, Latonia L (566524)

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 6.2)

Policy Type

Policy



Number

MAL000000703

Issued Date

09/30/2025 Today

Expiration Date

09/30/2026 Today

*Insurance Verification

[Change File](#) 25-26 Renewal Pinellas County COI.pdf

Name

Insurance Verification

Document Type

Insurance Verification



Certificate of Incorporation

*Certificate of Incorporation

[Change File](#) Certification of Incorporation.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation



Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) 2025 Wheelchair-Stretcher Rates.docx

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

[Change File](#) 2025 Fictitious Name.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

04/24/2026

Today

*Signature

Signed on Apr 24, 2026 1:25:51 PM by Kristina Dumas



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Detail by Entity Name

Florida Profit Corporation

WHEELCHAIR TRANSPORT SERVICE, INC.

Filing Information

Document Number	394782
FEI/EIN Number	59-1382621
Date Filed	01/28/1972
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/27/2002
Event Effective Date	NONE

Principal Address

14561 58th Street North
Cleawater, FL 33760

Changed: 04/19/2013

Mailing Address

14561 58th Street North
Cleawater, FL 33760

Changed: 04/19/2013

Registered Agent Name & Address

Williams, Clifton
14561 58th Street North
Cleawater, FL 33760

Name Changed: 04/09/2024

Address Changed: 04/19/2013

Officer/Director Detail

Name & Address

Title President

State of Florida

Department of State

I certify from the records of this office that WHEELCHAIR TRANSPORT SERVICE, INC. is a corporation organized under the laws of the State of Florida, filed on January 28, 1972.


The document number of this corporation is 394782.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on April 15, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of April, 2025*




Secretary of State

Tracking Number: 9511108447CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Wheelchair

Base Fee \$50.00

\$5.00 a mile > 0 miles

Discharge Base Fee \$65.00

\$5.00 a mile > 0 miles

Stretcher

Base Fee \$175.00

\$5.00 a mile > 0 miles