



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

Form with fields for Organization Name (1st Choice Trans), Hours of Operation (5 A.M. to 9 P.M.), Address (4651 69th Pl N), City (Pinellas Park), Officer Name (Ricardo Cunningham), and Signature (Ricardo Cunningham). Includes a notary seal for Rebecca Milanese and a signature line for the notary.



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Choice TransLLC

Date: 4/19/2024

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Choice Trans LLC 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
1. 01	CF9844	NM0GE9E22N1524893													
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: 1ST CHOICE TRADS LLC 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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. CUNNINGHAM RICARDO	C552737572090	06/09/2030	06/09/1957	572409
2.				
3.				
4.				
5.				
6.				
7.				
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11.				
12.				
13.				
14.				
15.				
16.				

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/02/2024

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
1st Choice Trans LLC

DBA:
4651 69th Pl N
Pinellas Park, FL 33781

INSURER A: Prime Property & Casualty Insurance Inc.

INSURER B:

INSURER C: - Company #27876

COVERAGES

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Exclude Products <input type="checkbox"/> Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC23061977	06/23/2023	06/23/2024	\$100,000 Per Person \$300,000 Per Accident \$50,000 Physical Damage-total scheduled value \$50,000 Property Damage \$10,000 P.I.P Per Person \$10,000 U.M. Per Person \$20,000 U.M. Per Accident
<input type="checkbox"/> Commercial Garage Liability <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> Cargo <input type="checkbox"/> On Hook <input type="checkbox"/> Contractual Liability Indemnification <input type="checkbox"/> Wrongful Repossession <input type="checkbox"/> Claims Made <input type="checkbox"/> Exclude Completed Operations <input type="checkbox"/> Exclude Products				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
 ADDITIONAL INSURED
 LOSS PAYEE
 WAIVER OF SUBROGATION
 PRIMARY AND NON-CONTRIBUTORY

PINELLAS COUNTY EMS & FIRE ADMINISTRATION

12490 ULMERTON ROAD SUITE 134
Largo, FL 33774

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

