Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

SERVICE TYPE: ☐ Wheelchair Transport ☐ Stretcher Transport ☐ ALS Interfacility ☑ ALS Helicopter ☐ ALS Non-Transport ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☑ Corporation

ORGANIZATION NAME:	HOURS OF OPERATION: ☑24-HOUR
Med Trans Corporation, d/b/a Med Trans Florida	_____ A.M. to _____ ☐A.M. / ☐P.M.
ADDRESS 1:	PHONE:
2535 Rescue Way	1 (866) 209-7617
ADDRESS 2:	FAX:
	N/a
CITY, STATE, ZIP CODE:	
Brooksville, Florida, 34604	

OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
David Bowman, VP Business Operations	(865) 227-8122; david.bowman@gmr.net
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Gary Boullion, Regional Business Director	Gary.Boullion@gmr.net; (770) 377-9048
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Nicholas Fatolitis, Program Director	(727) 483-2983; nicholas.fatolitis@gmr.net
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Nicholas Fatolitis, Program Director	(727) 483-2983; nicholas.fatolitis@gmr.net

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:	DATE:
Nicholas Fatolitis	9/27/2025

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 9/27/25 by Nicholas Fatolitis, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL) Davor Jerkovic

DAVOR JERKOVIC
Notary Public
State of Florida
Comm# HH286184
Expires 7/11/2026

(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Med Trans Florida

Date: 9/26/2025

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	NF
	*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.	NF
8.1	Written record contains:	
	• Date Call Received	NF
	• Time Call Received	NF
	• Pick-up & Destination Address	NF
	• Arrival Time at Destination	NF
	• Client's Name	NF
	• Person Ordering Transport	NF
	• Telephone Number of Caller (*if applicable)	NF
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	NF
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	NF
8.1	Dispatch audio & written/electronic records shall be available for inspection.	NF

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Med Trans Florida

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/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. 911wa	n911wa	Serial number: 53259													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: _____ Date: _____

Pinellas County EMS & FIRE ADMINISTRATION

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

Name of Service: Med Trans Florida 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. Arnold, Kenneth - Flight Paramedic	A654-505-93-333-0	9/13/2033	9/13/1993	PMD532461
2. Garlock, Theodore - Flight Paramedic	G642-815-90-268-0	7/28/2029	7/28/1990	PMD536142
3. Hudak, Caleb - Flight Paramedic	H320-110-96-046-0	2/6/2028	2/6/1996	PMD530171
4. Maguire, John - Flight Paramedic	M260-478-93-290-0	8/10/2026	8/10/1993	PMD532098
5. Marshall, James - Flight Paramedic	M624-445-78-414-0	11/14/2030	11/14/1978	PMD520684
6. Delaney, Mackenzie - Flight Nurse/Paramedic	D450-541-95-590-0	3/10/2027	3/10/1995	RN9462516
7. Fatolitis, Nicholas - Flight Nurse/Paramedic	F231-078-41-400-0	8/25/2029	8/25/1997	RN9544692
8. Nittolo, Scott - Flight Nurse/Paramedic	N340-781-85-167-0	5/7/2031	5/7/1985	RN9596168
9. Stoffer, Jacob - Flight Nurse/Paramedic	S222-102-83-400-0	5/2/2029	5/2/1997	RN9562378
10. Boehm, Todd - Pilot				
11. Gray, Jeff - Pilot				
12. Nugent, Kyle - Pilot				
13. Thompson, David - Pilot/Base Aviation Manager				
14.				
15.				
16.				

CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY) 08/14/2025

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).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: 570000073826	

INSURED	INSURER(S) AFFORDING COVERAGE	%	NAIC #
Global Medical Response, Inc. see Addendum for complete Named Insured 4400 State Highway 121, Suite 700 Lewisville TX 75056 USA	INSURER A: Starr Indemnity & Liability Company	26.50	38318
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

POLICY INFORMATION **CERTIFICATE NUMBER:** 570114925958 **REVISION NUMBER:**

POLICY TYPE						LINE OF BUSINESS SUBCODE									
	INDUSTRIAL AID		PLEASURE & BUS		COMMERCIAL	X	AIRPLANE	X	HELICOPTER		MIXED FLEET		EXCESS		QUOTA SHARE
	NON-OWNED	X	As Endorsed Hereon				LIABILITY ONLY	X	HULL & LIABILITY		HULL ONLY				

AIRCRAFT INFORMATION | | **ACCORD 333, Aircraft Schedule Attached**

YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER

TERRITORY :

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED? (Y/N)
A	SASICOM6000562516	09/01/2025	09/01/2026	N	N

COVERAGE		OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL								
AIRCRAFT LIABILITY			X	CSL	$50,000,000	EA OCC EA PASS		EA PER AGGR
MEDICAL PAYMENTS	X	INCLUDING CREW EXCLUDING CREW			$25,000	EA PER		

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All Scheduled Aircraft.

CERTIFICATE HOLDER

Pinellas County, A Political
Subdivision of the State of Florida
400 S. Fort Harrison Ave.
Clearwater FL 33744 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570114925958

AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Global Medical Response, Inc.
POLICY NUMBER	
See Certificate Number: 570114925958	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570114925958	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Insurer

(1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562516 (Lead 26.5%)
(2) Air Centurion Insurance Services, Inc. on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0007910 (22.5%)
(3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618125AM (10.0%)
(4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850806 (10.0%)
(5) AXA XL Policy No. UA00021284AV25A (2.5%)
(6) Great American Insurance Company Policy No. QSE42695706 (5.0%)
(7) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6068133 (4.5%)
(8) Lloyd's of London Aon UK Policy No. AVCHE2502096 (11.5%)
(9) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG Policy No. SIHL2-3557 (7.5%)

AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Global Medical Response, Inc.
POLICY NUMBER	
See Certificate Number: 570114925958	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570114925958	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Other Coverages/Conditions/Remarks

Territory: Worldwide excluding Russia, Ukraine, Belarus and Sudan
Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.
Hull War & Extended Perils: Subject to policy annual aggregate limit of $200,000,000.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Global Medical Response, Inc.
POLICY NUMBER See Certificate Number: 570114925958	
CARRIER See Certificate Number: 570114925958 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION, Med-Trans Corporation DBA Med-Star Air Care, Med-Trans Corporation dba Hospital Wing and Med-Trans Corporation dba St. Joseph Air Med 12

NOTICE: LEAD POLICY NO. SASICOM60005625-16 RENEWED BY ENDORSEMENT FOR THE TERM 9/1/2025-9/1/2026. ALL PREVIOUSLY ISSUED ENDORSEMENTS FROM THE PRIOR 3 YEARS ARE STILL ACTIVE AND VALID AND CAN BE APPLIED TO THIS RENEWAL CERTIFICATE UNLESS OTHERWISE SPECIFIED.

AON

Empower Results®

Nicholas Fatolitis, Program Director
Med Trans Florida Flight Team
2535 Rescue Way
Brooksville, FL 34604

September 27, 2025

Pinellas County EMS Authority
12490 Ulmerton Road, Suite 134
Largo, FL 33774

To Whom It May Concern:

See below for our agency's current retail rate schedule for all services we provide:

- Base Rate: $45,950
- Mileage Rate: $458

If you have any additional questions, please don't hesitate to reach out.

Best,

Nicholas Fatolitis
Program Director
Med Trans Florida Flight Team
Global Medical Response