

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☐ RENEWAL									
BERVICE TYPE: ☐ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport ☐ ALS Helicopter ☐ 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								
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	E-MAIL:								
David Bowman, VP Business Operations (865) 227-812	22; david.bowman@gmr.net								
VICE OFFICER/DIRECTOR NAME & TITLE: PHONE NUMBER & E	E-MAIL:								
	Gary.Boullion@gmr.net; (770) 377-9048								
BUSINESS HOURS POINT-OF-CONTACT: PHONE NUMBER & E	PHONE NUMBER & E-MAIL:								
Nicholas Fatolitis, Program Director (727) 483-29	(727) 483-2983; nicholas.fatolitis@gmr.net								
AFTER HOURS POINT-OF-CONTACT: PHONE NUMBER & E	PHONE NUMBER & E-MAIL:								
Nicholas Fatolitis, Program Director (727) 483-29	(727) 483-2983; nicholas.fatolitis@gmr.net								
REQUIRED ATTACHMENTS : Record Keeping Verification Form, V Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurprovided, and retail rate schedule. Also include any new applications p	rance Verification for the highest level of service								
I, the undersigned representative of the above named firm, do hereby a revoked if at any time the firm fails to meet all of the requirements of the									
SIGNATURE OF APPLICANT:	DATE:								
"Methodox total	9/27/2025								
STATE OF FLORIDA									
COUNTY OF Pinellas									
Subscribed and sworn to (or affirmed) before me this 9/27/25 by Nicholas Fatalitis, who									
is/are personally known to me or has/have produced FL DLas identification.									
	DAVOR JERKOVIC Notary Public State of Florida Comm# HH286184 Expires 7/11/2026 ne 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.*							
	*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 Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable)	NF NF NF NF NF						
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	-2F						
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	MF.						
8.1	Dispatch audio & written/electronic records shall be available for inspection.	nt.						

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Med Trans Florida	Page:	(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/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.															
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Form C-1 Rev. 02/06/2017	EMS INSPECTOR:	Date:



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
Garlock, Theodore - Flight Paramedic	G642-815-90-268-0	7/28/2029	7/28/1990	PMD536142
Hudak, Caleb - Flight Paramedic	H320-110-96-046-0	2/6/2028	2/6/1996	PMD530171
Maguire, John - Flight Paramedic	M260-478-93-290-0	8/10/2026	8/10/1993	PMD532098
Marshall, James - Flight Paramedic	M624-445-78-414-0	11/14/2030	11/14/1978	PMD520684
Delaney, Mackenzie - Flight Nurse/Paramedic	D450-541-95-590-0	3/10/2027	3/10/1995	RN9462516
Fatolitis, Nicholas - Flight Nurse/Paramedic	F231-078-41-400-0	8/25/2029	8/25/1997	RN9544692
Nittolo, Scott - Flight Nurse/Paramedic	N340-781-85-167-0	5/7/2031	5/7/1985	RN9596168
Stoffer, Jacob - Flight Nurse/Paramedic	S222-102-83-400-0	5/2/2029	5/2/1997	RN9562378
Boehm, Todd - Pilot				
Gray, Jeff - Pilot				
Nugent, Kyle - Pilot				
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).

Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA					N/P	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000073826 INSURER(S) AFFORDING COVERAGE % NAIC #												
Global Medi	ical Re	spons	se, Inc.								Starr Inc	demnity &	Liability C	ompany			26.	50 38318
see Addendu	um for	comp	lete Name		ed				VSURE									
4400 State Lewisville				700				11	VSURE	ER C:								
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Son Risk Services Central, Inc.

AGENCY CUSTOMER ID: 570000073826

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

AGENCY CUSTOMER ID: 570000073826

LOC #:



ADDITIONAL REMARKS SCHEDULE Page _ of _

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CARRIER	NAIC CODE	
See Certificate Number: 570114925958		EFFECTIVE DATE:

Son Contificate Number: E7011403E0E0	NAIC CODE	EFFECTIVE DATE:								
See Certificate Number: 570114925958		EFFECTIVE DATE.								
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, Ukrai Aircraft Registration Number(s): All schedu Hull War & Extended Perils: Subject to poli	ne, Belarus led aircraf cy annual a	s and Sudan ft owned or operated by the Insured. aggregate limit of \$200,000,000.								
APPLY TO, AND NO PERSON OR ORGANIZATION TO W	HOM SUCH EX	COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT KTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY MANUFACTURE, MODIFICATION, REPAIR, SALE, OR PRODUCT BY THAT PERSON OR ORGANIZATION.								
THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY ABOVE.	THE ACTUAL	COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED								

AGENCY CUSTOMER ID: 570000073826

LOC #:



ADDITIONAL REMARKS SCHEDULE Page _ of _

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CARRIER	NAIC CODE			
See Certificate Number: 570114925958		EFFECTIVE DATE:		
ADDITIONAL REMARKS				

ADDITIONAL REM	IARKS							
THIS ADDITIONAL								
FORM NUMBER:	ACORD 21	FORM TITLE:						
				Insured				
GLOBAL MEDICAL AS MORE FULLY Med-Trans Corpo	RESPONSE, ENDORSED, I oration dba	INC. (FKA AIR NCLUDING MED-7 HOSPITAl Wing	MEDICAL GROUP TRANS CORPORATI g and Med-Trans	HOLDINGS, I ION, Med-Tra Corporatio	NC.), AIR ns Corpora n dba St.	MEDICAL GROUP tion DBA Med-S Joseph Air Med	HOLDINGS, LLC Star Air Care, d 12	AND

NOTICE: LEAD POLICY NO.

SASICOM60005625-16 RENEWED BY
ENDORSEMENT FOR THE TERM 9/1/20259/1/2026. 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.





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: \$45,950Mileage 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