



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, Inc.
HOURS OF OPERATION: 24-HOUR
12:00 A.M. to 12:00 P.M.
ADDRESS 1: 14561 58th Street N
PHONE: 727-586-2811
ADDRESS 2:
FAX: 727-218-1045
CITY, STATE, ZIP CODE: Clearwater, FL 33760

OFFICER/DIRECTOR NAME & TITLE: John Williams President
PHONE NUMBER & E-MAIL: 727-586-2811 john@wheelchairtransport.com

VICE OFFICER/DIRECTOR NAME & TITLE: George Williams Vice President
PHONE NUMBER & E-MAIL: 727-586-2811 bud@wheelchairtransport.com

BUSINESS HOURS POINT-OF-CONTACT: Shannon Villar
PHONE NUMBER & E-MAIL: 727-218-1012 shannon@wheelchairtransport.com

AFTER HOURS POINT-OF-CONTACT: Nicole Delia
PHONE NUMBER & E-MAIL: 727-586-2811 NDelia@wheelchairtransport.com

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: George B. Williams
DATE: 3/31/2022

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 31st by March, who is/are personally known to me or has/have produced as identification.

(SEAL) Shannon Villar



(Name of Notary typed, printed or Form stamped)



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Date: 3/31/2022

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



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

Name of Service: Wheelchair Transport Service

Page: 1 of 5

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.	Pesta, Thomas	P230-833-57-466-0	12/26/2028	12/26/1957	571258
2.	Rivera, Hector	R166-321-76-249-0	7/9/2028	7/9/1976	571361
3.	Soriano, Manny	S650-546-71-020-0	1/20/2029	1/20/1971	571367
4.	Cordero, Joshua	C636-426-94-019-0	1/19/2028	1/19/1994	571421
5.	Jordan, Stephan	J635-796-87-265-0	7/25/2026	7/25/1987	571426
6.	Sposito, Sebastian	S123-780-77-337-0	9/17/2023	9/17/1977	571552
7.	Wilkerson, Christian	W426-110-90-247-0	7/7/2028	7/7/1990	571557
8.	Ridriguez, Ernesto	R362-202-67-063-0	2/23/2028	2/23/1967	571617
9.	Rivera Cruz, Douglas	R162-162-68-367-0	10/7/2027	10/7/1968	571616
10.	Lopez, Nelson	L121-633-61-205-0	6/5/2028	6/5/1961	571629
11.	Sosa Coste, Yosen	S222-973-73-405-0	11/5/2024	11/5/1973	571736
12.	Polito, Carmelo	P430-107-62-416-0	11/16/2023	11/16/1962	571791
13.	Elfrink, Gregory	E416-296-63-407-0	11/7/2023	11/7/1963	572000
14.	Carroll, Eugene	C640-204-70-268-0	7/28/2029	7/28/1970	572018
15.	Estupinan, Marcos	E231-550-66-304-0	8/24/2024	8/24/1966	572078
16.	Ramadan, Kathy	R535-500-65-924-0	11/24/2027	11/24/1965	572033



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

Name of Service: Wheelchair Transport Service

Page: 2 of 5

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.	Sedyshev, Vladyslav	S321-860-66-371-0	10/11/2027	10/11/1966	572199
2.	Rodgers, John	R326-463-59-268-0	7/26/2027	7/26/1959	572163
3.	Carbonell, Nicholas	C615-635-88-054-0	2/14/2024	2/14/1988	572293
4.	Turskis, Vitaljus	T622-860-63-428-0	11/28/2023	11/28/1963	572298
5.	Moten, Jerome	M350-420-75-041-0	2/1/2025	2/1/1975	570651
6.	Cooper, Sharran	C160-781-73-011-4	1/11/2030	1/11/1973	571138
7.	Mejia, Jorge	M200-432-62-425-0	11/25/2024	11/25/1962	570674
8.	Trygstad, Douglas	T623-163-61-288-0	8/8/2030	8/8/1961	570742
9.	Niblack, Albert	N142-020-44-455-0	12/15/2025	12/15/1944	570757
10.	Gifford, James	G163-444-59-144-0	4/24/2028	4/24/1959	570970
11.	Schaaff, Alfred	S100-001-47-427-0	11/27/2025	11/27/1947	571228
12.	Lopez, Andres	L120-000-63-095-0	3/15/2025	3/15/1963	571630
13.	Arango, Gabriel	A652-281-49-207-1	6/7/2027	6/7/1949	571400
14.	Maldonado, Madelyn	M435-547-63-754-0	7/14/2022	7/14/1963	571646
15.	Conchambay, Moises	C525-541-58-295-0	8/15/2024	8/15/1958	571665
16.	Dowdell, Clive	D340-101-53-306-0	8/26/2026	8/26/1953	570928



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

Name of Service: Wheelchair Transport Service

Page: 3 of 5

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.	Florissant, Fletcher	F462-250-74-175-0	5/15/2026	5/15/1974	571687
2.	Williams, Luke	W452-53092-390-0	10/30/2026	10/30/1992	572201
3.	Ngo, Quyen	N200-718-57-097-0	3/17/2024	3/17/1957	571721
4.	Enciso, Dimas	E522-165-49-372-0	10/12/2026	10/12/1949	571755
5.	Arnold, James	A654-443-52-243-0	10/12/2026	10/12/1952	571984
6.	Densmore, Elean	D525-211-64-837-0	9/17/2028	9/17/1964	571100
7.	Bartsch, Kara	B632-513-85-923-0	11/23/2029	11/23/1985	571083
8.	Keh, Benneth	K000-071-60-461-0	12/21/2026	12/21/1960	571221
9.	Schaffer, William	S160-925-60-263-0	7/23/2023	7/23/1960	571699
10.	Fisher, Curtis	F260-116-57-063-0	2/23/2023	2/23/1957	571089
11.	DelVecchio, William	D412-921-50-294-0	8/14/2022	8/14/1950	572034
12.	Metz, Ralynn	M320-727-66-967-0	12/27/2024	12/27/1966	572044
13.	Perry, Keith	P600-505-56-122-0	4/2/2023	4/2/1956	572056
14.	Benjamin, Brittany	B525-074-87-701-0	6/1/2026	6/1/1987	572090
15.	Jenkins, Raymond	J525-728-62-283-0	8/3/2027	8/3/1962	572098
16.	Shinn, Douglas	S500-162-81-046-0	2/6/2024	2/6/1981	572110



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

Name of Service: Wheelchair Transport Service

Page: 4 of 5

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.	Sanchez Perez, Marcel	S522-558-74-230-0	6/30/2023	6/30/1974	571568
2.	Griffin, Matthew	G615-559-96-340-0	9/20/2028	9/20/1996	572187
3.	Perez, Jose	P626-433-85-252-0	7/21/2022	7/21/1985	572242
4.	Dancil, Angel	P626-433-85-252-0	9/8/2026	9/8/1985	572271
5.	Nieves, Johnathan	N120-436-85-062-0	2/22/2029	2/22/1985	572287
6.	Hernandez, Mayco	H655-550-96-205-0	6/5/2024	6/5/1996	572279
7.	Nicolas, Kevin	N242-507-56-420-0	11/20/2024	11/20/1956	572280
8.	Rodriguez, Hugo	R362-321-77-182-0	5/22/2025	5/22/1977	571354
9.	Brown, Nathan	B650-624-74-364-0	10/4/2029	10/4/1974	572322
10.	Harris, Abijah	H620-002-00-415-0	11/15/2026	11/15/2000	572303
11.	Remisiewicz, Teresa	R522-813-73-607-0	3/27/2024	3/27/1973	572305
12.	Wright, Michelle	W623-554-66-918-0	11/20/2025	11/20/1966	572307
13.	Exama, Johnny	E250-420-79-289-0	8/9/2029	8/9/1979	572306
14.	Perez, Josephine	P620-420-76-866-0	10/6/2029	10/6/1976	572344
15.	Anglin, Daniel	A524-160-79-055-0	2/15/2026	2/15/1979	572314
16.	Keeney, Andrew	K500-016-91-298-0	2/15/2026	8/18/1991	572315



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

Name of Service: Wheelchair Transport Service

Page: 5 of 5

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.	Harvey, Laenya	H610-533-83-513-1	1/13/2024	1/13/1983	572332
2.	Stuber, Carol	S316-111-66-882-0	10/22/2022	10/22/1966	572325
3.	Mullins, Dennis	M452-166-72-421-0	11/21/2029	11/21/1972	572323
4.	Reimer, Peter	R560-670-65-262-0	7/22/2030	7/22/1965	572330
5.	Bazile, Latwanjala	B240-523-91-690-0	5/3/2024	5/3/1991	572338
6.	Stuherck, John	S362-460-59-051-0	2/11/2025	2/11/1959	572355
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 1 of 6

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. 302	DHIY69	2C4RDGCG8ER323030	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 303	DHIY71	2C4RDGCG9ER244658	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 306	DHIY74	2C4RDGCGXER122665	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 320	ENPF16	2C4RDGCG8ER273522	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 323	EEWR2	1FMZK1CMXFKB01383	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 326	EEWR2	1FMZK1CM3FKB06604	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 327	ETMT44	1FMZK1CM5FKB26241	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 330	ETMT46	2C4RDGCG8FR541292	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 333	ETMT47	2C4RDGCG2FR548559	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 336	Y45DYS	1FMZK1CM4GKA33020	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 338	Y47DYS	1FMZK1CMXGKA33023	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 339	Y48DYS	1FMZK1CM5GKA33026	X	X	X	X	X	X	X	X	X	X	X	X	X



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 2 of 6

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. 340	Y49DYS	1FMZK1CM7GKA33027	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 342	ETMT5	2C4RDGCG3FR556279	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 343	Y88DFZ	2C4RDGCG5FR536308	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 345	ETMT48	2C4RDGCG0FR541545	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 351	HGNI60	1FTYR1CM9GKA65120	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 354	LMWJ8	2C4RDGCG7GR180770	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 355	ENPF14	2C4RDGCGXGR180794	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 356	Y87DFZ	2C4RDGCGOGR179699	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 359	EEWR2	1FTYE2CM9HKB27327	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 360	GEDT37	1FTYE2CM0HKB27331	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 363	331MYC	5TDZZ3DC2HS856296	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 364	EEWR1	5TDZZ3DC4HS876842	X	X	X	X	X	X	X	X	X	X	X	X	X



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 3 of 4

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. 365	DWSD8	5TDZZ3DC8HS876827	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 366	Y86DFZ	5TDZZ3DX0HS877252	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 367	DIBM08	2C4RDGCG7GR179957	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 368	650XNF	2C4RDGCG8ER213269	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 370	DBYI45	2C4RDGCG8GR179109	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 376	GHBN9	2C4RDGCG2ER392232	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 377	326MYC	1FTYR1CM1HKA01879	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 378	332MYC	5TDZZ3DC8HS877668	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 381	GREN5	1FTYE2CMXGKB25925	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 383	ETMT5C	1FTYE2CM1GKB25926	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 384	325MYC	1FTYE2CM9GKA50845	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 385	EEWR2	1FTYE2CM4GKB25922	X	X	X	X	X	X	X	X	X	X	X	X	X



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 4 of

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. 386	EEWR2	1FMZK1CM4GKA09218	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 387	KYBU09	1FTYE2CM3GKB25930	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 388	Y83DFZ	1FTYE2CM6GKB25923	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 389	327MYC	1FTYE2CM7GKB25929	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 390	Y81DFZ	1FMZK1CM6GKA04957	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 391	328MYC	1FTYE2CM5GKB25928	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 392	EEWR1	1FTYE2CM3GKB25927	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 393	EEWR2	1FTYE2CM8GKB25924	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 394	EEWR2	2C7WDGBG4KR683804	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 395	336MYC	2C7WDGBG8KR754549	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 396	NRYV02	2C7WDGBG8KR649509	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 397	Y82DFZ	2C7WDGBG8KR752171	X	X	X	X	X	X	X	X	X	X	X	X	X



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 5 of 6

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. 398	PASI35	5TDKZ3DC2JS940450	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 399	PASI31	5TDKZ3DC9JS906862	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 101	PASI30	5TDKZ3DC7JS905855	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 102	PASI36	5TDKZ3DC1JS904507	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 103	PASI25	5TDKZ3DC1JS951360	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 105	DHIY67	1FTBR1C82LKB61352	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 106	DHIY64	1FTBR1C81LKB66672	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 107	DHIY62	1FTBR1C83LKB66673	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 113	DHJJ15	2C4RC1AG1MR558757	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 114	Y84DFZ	2C4RC1AG1MR565627	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 115	DWAI21	2C4RC1AG4MR558784	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 116	Y89DFZ	2C4RC1CG0X1R105292	X	X	X	X	X	X	X	X	X	X	X	X	X



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 6 of 6

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. 117	EGCT8	2C4RDGCGXKR717673	X	X	X	X	X	X	X	X	X	X	X	X	X
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 1 of 2

Such vehicles may not be equipped, marked or operated as an Ambulance

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. 347	EEWR2	1FTYE2CM3GKA50842	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 348	ETMT52	1FTYE2CM0GKA50846	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 352	GVHJ06	1FTYR2CM5GKB06977	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 353	GVHJ07	1FTYR2CM7GKB06978	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 357	334MYC	1FTYR2CM7HKA02086	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 358	330MYC	1FTYR2CM9HKA02087	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 361	514MYC	1FTYE2CM0HKB27328	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 379	HZED97	1FTYE2CM6JKB21958	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 380	HZED96	1FTYE2CM1HKA42417	X	X	X	X	X	X	X	X	X	X	X	X	X
10. 108	Y85DFZ	1FBAX2C8XLKB38039	X	X	X	X	X	X	X	X	X	X	X	X	X
11. 109	ENPF17	1FBAX2C85LKB38028	X	X	X	X	X	X	X	X	X	X	X	X	X
12. 110	DHIY73	1FBAX2C85LKB38031	X	X	X	X	X	X	X	X	X	X	X	X	X



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 2 of 2

Such vehicles may not be equipped, marked or operated as an Ambulance

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. 111	DHIY74	1FBAX2C87LKB38032	X	X	X	X	X	X	X	X	X	X	X	X	X
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: John Murphy

Date: 4/1/2022