



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY July 1, 2018 – June 30, 2019**

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: Rocky Mountain Holdings, LLC d/b/a/ Bayflite		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR _____ A.M. to _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 5500 South Quebec Street		PHONE: 303-792-7400
ADDRESS 2: na		FAX: na
CITY, STATE, ZIP CODE: Greenwood Village, CO 80111		
OFFICER/DIRECTOR NAME & TITLE: see attached	PHONE NUMBER & E-MAIL: na	
VICE OFFICER/DIRECTOR NAME & TITLE: see attached	PHONE NUMBER & E-MAIL: na	
BUSINESS HOURS POINT-OF-CONTACT: Matt Turner Area Manager	PHONE NUMBER & E-MAIL: 727-515-8278 matthew.turner@airmethods.com	
AFTER HOURS POINT-OF-CONTACT: Matt Turner Area Manager	PHONE NUMBER & E-MAIL: 727-515-8278 matthew.turner@airmethods.com	
<b>REQUIRED ATTACHMENTS:</b> 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: 11-8-19
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>11-8-19</u> by <u>Matthew Turner</u> , who is/are personally known to me or has/have produced <u>FLDL T656 545 70 255 0</u> as identification.		
(SEAL)		
		(Name of Notary typed, printed or Form stamped)

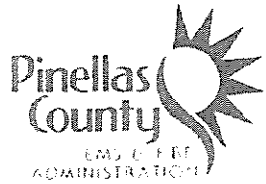
Legal Business Name	Rocky Mountain Holdings, LLC
DBA	<i>Bayflite</i>
FEIN	87-0533822
Business info	Limited Liability Company (Delaware) Formed: 01/06/1995 Acquired: 10/16/2002 Fiscal Year End Date: 12/30 Tax Designation: Disregarded Entity
Address	7301 S. Peoria Street Englewood, CO 80112-4113
County	Arapahoe County
Phone	(303) 256-4182
Fax	(303) 790-4780
NPI	No.: 1407855240 Taxonomy: 3416A0800X - Ambulance Air Transport Enumeration Date: <i>Varies</i>
Medicare	E3871 and E3871C
Medicaid ID	420021725, 420021726, 420021727
Managing Employees	<p><b>Christopher Brock Myers</b> Senior VP PBS DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536 Home Address: Upon Request Date Appointed: 02/21/2017</p> <p><b>Jason Neil Uhlman</b> Director of Finance PBS DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536 Home Address: Upon Request Date Appointed: 12/02/2016</p>

	<p><b>Matthew David Smith</b>  Senior Director PBS  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536  Home Address: Upon Request  Date Appointed: 12/02/2016</p> <p><b>Michael Dennis Allen</b>  Vice President  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  Home Address: Upon Request  Date Appointed: 01/01/2006</p>
Directors	N/A – LLCs do not have Directors
Officers	<p><b>Aaron Daniel Todd</b>  President  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  Home Address: Upon Request  Date Appointed: 07/01/2003</p> <p><b>Michael Dennis Allen</b>  Vice President  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  Home Address: Upon Request  Date Appointed: 01/01/2006</p>

	<p><b>Sharon J. Keck</b>  Assistant Secretary  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  Home Address: Upon Request  Date Appointed: 01/01/2002</p> <p><b>Crystal Lou Gordon</b>  Assistant Secretary  DOB: Upon Request  SSN: Upon Request  DLN: Upon Request  Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  Home Address: Upon Request  Date Appointed: 08/21/2015</p>
Ownership	<p><b>Air Methods Corporation</b>  (100% Direct Owner)  7301 S. Peoria Street  Englewood, CO 80112-4133  Telephone: (303) 256-4182  Fax: (303) 790-4780  FEIN: 84-0915893  Date of Ownership: 10/16/2002</p> <p><b>ASP AMC Intermediate Holdings, Inc.</b>  (100% Indirect Owner)  c/o American Securities LLC  299 Park Avenue, 34<sup>th</sup> Floor  New York, NY 10171-0002  Telephone: (212) 476-8000  Fax: (212) 697-5524  FEIN: 61-1822677  Date of Ownership: 04/21/2017</p> <p><b>ASP AMC Holdings, Inc.</b>  (100% Indirect Owner)  c/o American Securities LLC  299 Park Avenue, 34<sup>th</sup> Floor  New York, NY 10171-0002  Telephone: (212) 476-8000  Fax: (212) 697-5524  FEIN: 30-0973873  Date of Ownership: 04/21/2017</p>

	<p><b>ASP AMC Investco I, LP</b> (100% Indirect Owner) c/o American Securities LLC 299 Park Avenue, 34<sup>th</sup> Floor New York, NY 10171-0002 Telephone: (212) 476-8000 Fax: (212) 697-5524 FEIN: 37-1853717 Date of Ownership: 04/21/2017</p> <p><b>ASP VII Alternative Investments I(A), LP</b> (95.5% Indirect Owner; Limited Partner) c/o American Securities LLC 299 Park Avenue, 34<sup>th</sup> Floor New York, NY 10171-0002 Telephone: (212) 476-8000 Fax: (212) 697-5524 FEIN: 32-0529913 Date of Ownership: 04/21/2017</p>
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## HELICOPTER/AIRCRAFT ROSTER

Name of Service: \_\_\_\_\_ Bayfile \_\_\_\_\_ Date: 10/13/17 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1 AIRBUS	EC135P2+ 2008	N163BF		NORTHPORT
2 AIRBUS	EC135P2+ 2008	N527BF		TAMPA
3 AIRBUS	EC135P2+ 2007	N911BF		BROOKSVILLE
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

2019  
Bayflite Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
AMEDEO, AMY	FLIGHT NURSE	PMD511393	12/1/20	RN9195187	7/31/20
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/20		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/20		
COATES, MICHAEL	FLIGHT PARAMEDIC	PMD8859	12/1/20		
MADER, ASHLEIGH	FLIGHT NURSE		12/1/20	RN9271391	4/30/21
PRICE, KAITLYN	FLIGHT NURSE		12/1/20	RN9478796	4/30/21
YOUNG, PAMELA	FLIGHT NURSE		12/1/20	RN9326903	4/30/21
SANDERS, CHERYL	FLIGHT NURSE		12/1/20	RN9294562	4/30/21
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/20		
PEREZ, DEREK	FLIGHT PARAMEDIC	PMD524198	12/1/20		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	12/1/20		
ROBERTS, JEREMI	FLIGHT PARAMEDIC	PMD512573	12/1/20		
FETTERMAN, SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/20		
FLOHRE, SHAWN M	FLIGHT PARAMEDIC	PMD505121	12/1/20		
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/20		
GLADIEUX, ALAN	FLIGHT NURSE	PMD524585	12/1/20	RN9331877	4/30/21
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/20	RN2003972	4/30/21
HAVERTY, HAROLD J	FLIGHT PARAMEDIC	PMD9673	12/1/20		
HICKMAN, MELISSA	FLIGHT NURSE	PMD520980	12/1/20	RN9220298	4/30/21
MCMILLAN, JOHN	FLIGHT PARAMEDIC	PMD517533	12/1/20		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/20	RN9243694	4/30/21
MORRELL, DIONALD	FLIGHT PARAMEDIC	PMD529586	12/1/20		
PALMER, DAVID	FLIGHT NURSE	PMD200809	12/1/20	RN3022282	4/30/21
PARSONS, KEITH	FLIGHT PARAMEDIC	PMD515112	12/1/20		
POXON, JUNE	FLIGHT NURSE	PMD10545	12/1/20	RN2123212	7/31/20
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/20	RN9223603	7/31/20
SAVAGE, RICHARD	FLIGHT PARAMEDIC	PMD19564	12/1/20		
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/20	RN2163452	4/30/21
SHRIVER, AARON	FLIGHT PARAMEDIC	PMD206675	12/1/20		
SIDLAUSKAS, JEREMY	FLIGHT PARAMEDIC	PMD501101	12/1/20		
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/20		
TABER, SHAWN	FLIGHT PARAMEDIC	PMD18163	12/1/20		
JOALLAIN THEVENET	FLIGHT NURSE	PMD524393	12/1/20	RN9168099	4/30/21
TURNER, RYAN	FLIGHT NURSE	PMD513212	12/1/20	RN9354300	7/31/20
WILLIAMS, WENDY S	FLIGHT NURSE	PMD509527	12/1/20	RN3214422	4/30/19



[Previous on List](#)   [Next on List](#)   [Return to List](#)

Fictitious Name Search

No Filing History

## Fictitious Name Detail

### Fictitious Name

BAYFLITE

### Filing Information

**Registration Number** G15000106682  
**Status** ACTIVE  
**Filed Date** 10/20/2015  
**Expiration Date** 12/31/2020  
**Current Owners** 1  
**County** MULTIPLE  
**Total Pages** 1  
**Events Filed** NONE  
**FEI/EIN Number** 87-0533822

### Mailing Address

7301 SOUTH PEORIA STREET  
ENGLEWOOD, CO 80112

### Owner Information

ROCKY MOUNTAIN HOLDINGS, L.L.C.  
 7301 SOUTH PEORIA STREET  
 ENGLEWOOD, CO 80112  
**FEI/EIN Number:** 87-0533822  
**Document Number:** M95000000020

### Document Images

[10/20/2015 -- CANCELLATION/RE-REGISTRATION](#)

[Previous on List](#)   [Next on List](#)   [Return to List](#)

Fictitious Name Search

No Filing History





**Willis of New York, Inc. d/b/a Willis Aerospace  
CERTIFICATE OF INSURANCE**

200 Liberty Street, 7<sup>th</sup> Floor  
New York, NY 10281  
(212) 915-7652

**This is To Certify To:**  
To Whom It May Concern

**(Sometimes referred to herein as the Certificate Holder(s))**

**That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:**

<b>NAMED INSURED</b>	Air Methods Corporation, et al, and Enchantment Aviation, Inc., dba Southwest Air Ambulance dba Southwest Med Evac, AmSec entities, Air Methods Telemedicine, LLC and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities hereafter created or constituted. "Associated, subsidiary, affiliated, managed, owned or controlled companies or entities" appearing above means any company or entity for whom the Insured has agreed to be responsible for or for which it has assumed an active management.
<b>ADDRESS</b>	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
<b>COVERAGES</b>	Aircraft Hull and Liability and Aviation General Liability Insurance
<b>TERRITORY</b>	Worldwide
<b>POLICY PERIOD</b>	July 1, 2019 to July 1, 2020 on both dates at 12:01 AM LST
<b>EQUIPMENT</b>	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
<b>INSURERS</b>	Allianz Global Risks US Insurance Company and other US and Lloyds Companies – 100% (For more detailed SECURITY (the "Insurers") information, please see Addendum 0001)

<b>LIMITS OF LIABILITY</b>	
<b>Aircraft Liability and Aviation General Liability</b>	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA
<b>SPECIAL PROVISIONS</b>	

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: **Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):**

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

**Solely as respects Liability Coverage(s) and Solely when Required by Contract:** Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

<b>Fleet and/or Equipment Schedule</b>
NA

<b>Additional Notes</b>
NA

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the

**Equipment**

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

Date of Issue:                July 1, 2019



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**Tom Klaus, Authorized Representative**  
**Willis of New York - Aerospace**



November 8, 2019

Mr. John Murphy  
EMS Credentialing Coordinator  
Pinellas County EMS and Fire Administrations

Dear Mr. Murphy,

Air Methods Corporation, d/b/a Rocky Mountain Holdings L.L.C. currently charges the following for air medical services:

- Liftoff \$36,332.43
- Loaded mileage \$436.68

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Turner", is written over the word "Sincerely,".

Matthew Turner BSN, RN, CCRN, CEN, EMT-P  
Central Florida Area Manager  
Southeast Region  
Air Methods Corp.  
Matthew.Turner@airmethods.com  
727-515-8278