



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 (Trinity Wheelchair Transport), Address (5328 Trouble Creek Rd), City (New Port Richey, FL, 33511), Officer/Director Name (Jason Kora, CFO), and contact information.

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: [Handwritten Signature] DATE: 5/10/2024

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 5/10/24 by Jason Kora, who is/are personally known to me or has/have produced FL Driver License as identification.

(SEAL) CORRADO INFANTINO, JR. Notary Public State of Florida Comm# HH387455 Expires 4/17/2027 [Handwritten Signature]

(Name of Notary typed, printed or Form stamped)



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

All commercial Wheelchair Transport/Stretcher Van and ALS Providers servicing clients in Pinellas County are required to obtain a COPCN prior to transport of clients within the County pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Service System and Pinellas County Code, Chapter 54, Emergency Services.

Providers that have met the application requirements are presented to the Board of County Commissioners (EMS Authority) for approval. After the Board has approved the applications, a COPCN is issued, including the number of vehicle permits corresponding to the vehicle roster in the application.

Please verify that you have complied with all requirements listed below prior to submitting your application. Incomplete applications will be returned.

COPCN APPLICATION INSTRUCTIONS:

Complete the following forms:

1. Application for COPCN (Form A). Complete each section on Form A and Notarize. Review all attachments included in this application packet. Copies may be made of any forms if additional sheets are needed. Contact the EMS & Fire Administration at (727) 582-5872 if there are any questions regarding this application packet.
2. Record Keeping Verification Form (Form B). Document the ability to record incoming phone lines and/or maintain written records for each call. Verify accessibility of archived records for inspection (See Rules & Regulations 8.1).
3. Vehicle Roster (Forms C-1 & C-2). Provide Unit, Florida Vehicle Tag and VIN numbers for all Wheelchair Transport Vehicles/Stretcher Vans, as applicable. **For Providers offering both services, please ensure Wheelchair and Stretcher vehicle rosters are recorded separately.** Vehicles must be inspected by an EMS and Fire Administration Representative (See Rules & Regulations 8.3). ALS Helicopter applications - provide aircraft information.
4. Driver Roster (Form D). Provide a list of each certified driver by name, including their Florida Class E Driver's License number, expiration date, date of birth and EMS ID Number.
(ALS Helicopter applications - please provide pilot/crew) information.
5. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
6. Insurance Verification. Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2).
7. Agency's retail rate schedule for all services provided.
8. County Driver Certification. Any new applicant a Provider seeks to have certified must meet the County Driver Application & Certification Requirements outlined in the following section.



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Trinity Wheelchair Transport

Date: 5/9/2024

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.	<u>JK</u> <u>JK</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>JK</u> <u>JK</u> <u>JK</u> <u>JK</u> <u>JK</u> <u>JK</u> <u>JK</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JK</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JK</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JK</u>



WHEELCHAIR VEHICLE ROSTER

Pinellas County Rules and Regulations, as Amended

Name of Service: Trinity Wheelchair Transportation 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/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. 59	622794	1D4GP24R54B533263													
2. 60	6LTP14	2D4GP44L96R630266													
3. 61		2D4GP44L05R195958													
4. 62		1D4GP24R54B533263													
5. 63	09EBDE	2C4RDGCGXHR858445													
6. 64	10EBDE	2D4RN5DG6BR688613													
7. 65	11EBDE	2C4RDGDG8CR108937													
8. 66		1D4GP24R77B256507													
9. 67		2D4GP44L96R630266													
10.															
11.															
12.															



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

Name of Service: Trinity Wheelchair Transportation 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. Gerald Gluck	G420-290-64-188-0	05/28/2030	05/28/1964	
2. Steve Saari	S600-793-58-047-0	02/07/2025	02/07/1958	
3.				
4.				
5.				
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13.				
14.				
15.				
16.				

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084160

Entity Name: TRINITY MOBILITY, INC

Current Principal Place of Business:

10510 ALCON BLUE DR
RIVERVIEW, FL 33578

Current Mailing Address:

5328 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

FEI Number: 16-1764943

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KHAN, AZARD JR.
10510 ALCON BLUE DR
RIVERVIEW, FL 33578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AZARD KHAN

01/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KHAN, AZARD JR
Address 10510 ALCON BLUE DR
City-State-Zip: RIVERVIEW FL 33578

Title TRUSTEE
Name ABRAHAM, VIVAKE
Address 5328 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AZARD KHAN

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Named insured

TRINITY MOBILITY INC
A TRINITY WHEELCHAIR TRANSPORTATION
5328 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Policy number: 04047187

Underwritten by:
Progressive Express Ins Company
April 11, 2024
Policy Period: Aug 1, 2023 - Aug 1, 2024
Page 1 of 5

agent.progressive.com
Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-727-544-8841

ARCW INSURANCE
Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began on August 1, 2023 at 12:01 a.m. This policy expires on August 1, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 1198 (07/16), Z311 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a corporation.

Policy changes effective April 10, 2024

Changes processed on:	April 10, 2024 4:27 p.m.
Premium change:	\$5,615.00
Changes:	The 2007 DODGE GRAND CARAVAN has been added. The 2006 DODGE GRAND CARAVAN has been added. An Anti-Lock Brakes discount has been added to the 2007 DODGE GRAND CARAVAN. An Airbag discount has been added to the 2007 DODGE GRAND CARAVAN. An Anti-Lock Brakes discount has been added to the 2006 DODGE GRAND CARAVAN. Refer to declarations page for additional changes.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$47,916
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist - Nonstacked	\$50,000 combined single limit		5,362
Basic Personal Injury Protection			1,048
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		548
Comprehensive			1,217
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,848
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			71
See Auto Coverage Schedule			
Roadside Assistance			197
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$58,207
Additional Insured Fee			40
Total 12 month policy premium and fees			\$58,247

Rated drivers

1. GERALD GLUCK
2. STEVEN SAARI
3. John Hill
4. Eric Stuckey
5. Brian Dickey
6. Lonnie Sizemore
7. Jimmy Kora
8. Gerald Limmitt
9. Louis Simpson
10. Freddy Pena
11. Jose Tiburcio
12. Robert Hovis

Auto coverage schedule

1. **2005 DODGE GRAND CARAVAN** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **2D4GP44L05R195958** Garaging Zip Code: 34653 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6462	\$766	\$137	\$74	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$184	\$500	\$227	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium	Auto Total
	\$50 per day Max \$1,500	\$71	\$0	\$59	\$7,980

2. **2004 DODGE GRAND CARAVAN** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **1D4GP24R54B533263** Garaging Zip Code: 34653 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6720	\$766	\$137	\$74	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$187	\$500	\$336	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$59			\$8,279

3. **2017 DODGE GRAND CARAVAN** Stated Amount: * \$22,000 (including Permanently Attached Equip)
 VIN: **2C4RDGCGXHR858445** Garaging Zip Code: 34652 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7763	\$766	\$181	\$90	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$251	\$500	\$453	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$32			\$9,536

4. **2011 DODGE GRAND CARAVAN** Stated Amount: * \$13,000 (including Permanently Attached Equip)
 VIN: **2D4RN5DG6BR688613** Garaging Zip Code: 34652 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6956	\$766	\$157	\$80	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$155	\$500	\$227	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$47			\$8,388

5. **2012 DODGE GRAND CARAVAN** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **2C4RDGDG8CR108937** Garaging Zip Code: 34653 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7091	\$766	\$162	\$82	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$208	\$500	\$299	\$8,608

6. **2007 DODGE GRAND CARAVAN** Stated Amount: * \$10,000 (including Permanently Attached Equip)
 VIN: **1D4GP24R77B256507** Garaging Zip Code: 34652 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6462	\$766	\$137	\$74	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$117	\$500	\$153	\$7,709

7. **2006 DODGE GRAND CARAVAN** Stated Amount: * \$10,000 (including Permanently Attached Equip)
 VIN: **2D4GP44L96R630266** Garaging Zip Code: 34652 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6462	\$766	\$137	\$74	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$115	\$500	\$153	\$7,707

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy	
04047187	CDL Experience
Vehicle	
2005 DODGE GRAND CARAVAN	Airbag, Anti-Lock Brakes and Anti-Theft Device Standard
2004 DODGE GRAND CARAVAN	Airbag, Anti-Lock Brakes and Anti-Theft Device Standard
2017 DODGE GRAND CARAVAN	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2011 DODGE GRAND CARAVAN	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2012 DODGE GRAND CARAVAN	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2007 DODGE GRAND CARAVAN	Anti-Lock Brakes and Airbag
2006 DODGE GRAND CARAVAN	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

Additional Insured information

1. Additional Insured
MTI AMERICA
1350 S POWERLIN
POMPANO BEACH, FL 33069
2. Additional Insured
Pinellas County, A Political Subdivision State of FL
400 S Ft Harrison Ave
Clearwater, FL 33756

Agent signature



Company officers



Secretary