





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: <b>Access A Ride Corp</b>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5:00 A.M. to 6:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <b>1133 West State Road 436</b>		PHONE: <b>904-552-1003</b>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <b>Altamonte Springs, FL, 32714</b>		
OFFICER/DIRECTOR NAME & TITLE: <b>Andy Ferreras</b>	PHONE NUMBER & E-MAIL: <b>646-302-9479 accessARideFL@gmail.com</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>Nelsonny Vicioso</b>	PHONE NUMBER & E-MAIL: <b>386-681-8086 nelson.vicioso@gmail.com</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>904-552-1003</b>	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT: <b>386-681-8086 (nelsonny vicioso)</b>	PHONE NUMBER & E-MAIL:	
<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: <b>Franklin Lora</b>	DATE: <b>10-01-19</b>	
STATE OF FLORIDA COUNTY OF <u>PINELLAS</u>		
Subscribed and sworn to (or affirmed) before me this <u>OCT. 1<sup>ST</sup> 2019</u> by <u>FRANKLIN C. LORA FELIX</u> , who is/are personally known to me or has/have produced <u>FLORIDA D.L.</u> as identification.		
(SEAL) 	 <p>Jorge C. Contreras Hipolito NOTARY PUBLIC STATE OF FLORIDA Comm# FF975813 Expires 3/28/2020</p>	
(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: Access A Ride

Date: 10/17/2019

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



**STRETCHER VAN ROSTER**  
 Pinellas County Rules and Regulations, as Amended

Name of Service: Access A Ride corp Page: \_\_\_\_\_ of \_\_\_\_\_  
 \*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. <u>1</u>	<u>L1MR58</u>	<u>2C4RDG7BG7KR638513</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. <u>2</u>	<u>L1MR60</u>	<u>2C4RDG7BG1KR638524</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. <u>3</u>	<u>L1MR59</u>	<u>2C4RDG7BG4KR623192</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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10.															
11.															
12.															

EMS INSPECTOR: [Signature] Date: 10-22-19



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

Name of Service: Access A Ride Corp 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 #
2. Vicioso n/seleenny	V221-621-89-177-D	05/17/2025	05/17/1989	
3. LORA Franklin	L614-254-84-179-0	05/19/2027	05/19/1984	
4. Rivera Leidy	R166-523-85-687-0	05/27/2023	05/27/1985	
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16.				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2019 10:48 AM

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 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 <b>Central Transportation Insurance Inc</b> <b>6900 S. Orange Blossom Trail, Ste 308</b> <b>Orlando, FL 32809</b>	CONTACT NAME: <b>Hull &amp; Company, Inc.</b>
	PHONE (A/C. No. Ext): <b>7275614855</b> FAX (A/C. No.):
	E-MAIL ADDRESS:
INSURED <b>ACCESS A RIDE CORP</b> <b>13036 WATERFORD WOOD CIR # 105</b> <b>SAINT AUGUSTINE, FL 32086</b>	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>NATIONAL INDEMNITY COMPANY OF THE</b> NAIC # <b>42137</b>
	INSURER B: <b>SOUTH</b>
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

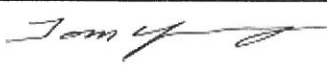
COVERAGES CERTIFICATE NUMBER: **440,172** REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>74APS086314</b>	<b>04/20/2019 12:01 AM</b>	<b>04/20/2020 12:01 AM</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per Person) \$ <b>N/A</b> BODILY INJURY (Per accident) \$ <b>N/A</b> PROPERTY DAMAGE (Per accident) \$ <b>N/A</b> PIP Limit - \$10,000 <b>Covered</b>
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Vehicle Schedule: see attached

CERTIFICATE HOLDER <b>PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA</b> <b>400 S FLORIDA AVE</b> <b>CLEARWATER, FL 33756</b>	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 
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**Vehicle Schedule**

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 DODGE GRAND CARAVAN 2C4RDGBG6HR855382	Covered	C	25,000	1000/1000	0	0
2017 DODGE GRAND CARAVAN 2C4RDGBGXHR862142	Covered	C	25,000	1000/1000	0	0
2019 DODGE GRAND CARAVAN 2C4RDGBG1KR638524	Covered	C	30,200	1000/1000	0	0
2019 DODGE GRAND CARAVAN 2C4RDGBG7KR638513	Covered	C	30,200	1000/1000	0	0
2019 DODGE GRAND CARAVAN 2C4RDGBG4KR623192	Covered	C	30,200	1000/1000	0	0
2019 DODGE GRAND CARAVAN 2C4RDGBGXKR699757	Covered	C	25,000	1000/1000	0	0
2019 DODGE GRAND CARAVAN 2C4RDGBG0KR623206	Covered	C	25,000	1000/1000	0	0

**CERTIFICATE HOLDER**

**PINELLAS COUNTY, A POLITICAL SUBDIVISION  
OF THE STATE OF FLORIDA  
400 S FLORIDA AVE  
CLEARWATER, FL 33756**

**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

