



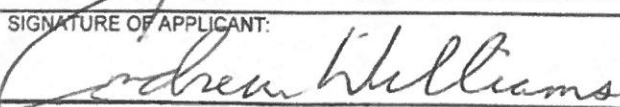
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

APPLICATION TYPE: ☐ NEW ☒ RENEWAL

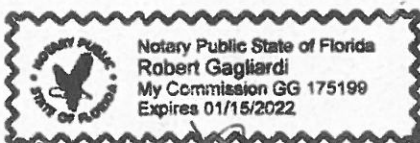
SERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☒ Stretcher Transport ☐ ALS Helicopter ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME: MEDFLEET INC		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR 5 A.M. to 7 <input checked="" type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 5334 SUNSET RD		PHONE: 727-849-6849
ADDRESS 2:		FAX: 727-376-7512
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL 34652		
OFFICER/DIRECTOR NAME & TITLE: Andrew Williams, Owner	PHONE NUMBER & E-MAIL: 727-849-6849 ext 701	
VICE OFFICER/DIRECTOR NAME & TITLE: Andrew Williams, Owner	PHONE NUMBER & E-MAIL: 727-849-6849 ext 701	
BUSINESS HOURS POINT-OF-CONTACT: Andrew Williams, Owner	PHONE NUMBER & E-MAIL: 727-849-6849 ext 701	
AFTER HOURS POINT-OF-CONTACT: Andrew Williams, Owner	PHONE NUMBER & E-MAIL: 727-849-6849	
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: 		DATE: 4/27/2018

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this April 27th, 2018 by Andrew Williams, who is/are personally known to me or has/have produced Personally Known To Me as identification.



(SEAL)

(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: MEDFLEET INC

Date: _____

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



WHEELCHAIR VEHICLE ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: MedFleet INC

Page: 1 of 2

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. 403	dibm08	2C4RDGCG7GR179957													
2. 404	dib145	2C4RDGCG8GR179109													
3. 410	efwz01	1FTYR1CM1HKA01879													
4. 411	jaca74	5TDZZ3DC8HS877668													
5.															
6. 457	iigc54	1FTNE24W97DA07663													
7. 463	DNMU15	1FTNE14W09DA69224													
8. 469	I250lr	1FTNE1EWXBDA02151													
9. 472	aqcd98	1FTNE1EW2BDA42871													
10. 489	v24jnj	2C4RDGCGXER245303													
11. 490	650xnr	2C4RDGCG8ER213269													
12. 494	ebkq23	2C4RDGCG5ER182272													



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

Name of Service: MedFleet inc

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

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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. 405	DIB145	1FMZK1CM9GKB18807													
2. 406	GZJT83	1FMZK1CM2GKB18812													
3. 407	U1315G	1FTYR2CM3GKB06976													
4. 409	IMKY09	1FTYR2CM2HKA02089													
5. 408	IMKY10	1FTYR2CM0HKA02088													
6. 448	EXIB12	1FTNS24W56HA97894													
7. 465	I759ef	1FTNS2EWXADA05824													
8. 468	754tsf	1FTNS2EW1ADA68987													
9. 473	aqcg35	1FTNE1EW0BDA62035													
10. 476	bapd69	1FTNS1EW2CDA18676													
11. 490	650xnr	2C4RDGCG8ER213269													
12.															



WHEELCHAIR VEHICLE ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: MEDFLEET INC

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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. 495	ebkq22	2C4RDGCG2ER322598													
2. 498	ghbn93	2C4RDGCG2ER392232													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: MedFleet Inc Page: 1 of 3

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.	BELL, KIMBERLEY	B400-500-78-761-0	2018-07-21	1978-07-21	571845
2.	BORTH, GARRETT	B630-297-90-293-0	2021-08-13	1990-08-13	571467
3.	BROWN, GORDON	B650-282-56-031-0	2021-03-01	1956-03-01	571101
4.	BROWN, STEVEN	B650282560310	2025-10-19	3/1/1956	571094
5.	CROKE, SEAN,	C620-793-95-466-0	2019-12-26	1995-12-26	571794
6.	CUNNINGHAM, CATRINA	C552101838010	2018-08-21	1983-08-21	571804
7.	FERRIER, DAVID,	F660173781850	2023-05-25	1978-05-25	571782
8.	FRYE, KENNETH,	F600-510-50-414-0	2023-11-14	1950-11-14	571954
9.	GNOZZIO, SANDRA	G520781618340	2025-09-14	1961-09-14	571642
10.	GONZALEZ, HEYDI	G524-326-68-669-0	2019-05-09	1968-05-09	571831
11.	HENRY, KELLY,	H560510583670	2020-10-07	1958-10-07	571638
12.	HOLDEN, TIMOTHY,	H435-813-86-385-0	2023-10-25	1986-10-25	571837
13.	HOLT, DONALD,	H430186672210	2020-06-21	1967-06-21	571698
14.	JUPSON, JOHN,	J125468903290	9/9/2019	1990-09-09	571752
15.	KEEN, CHRISTAIN,	K500112834180	2019-11-18	11/18/1983	571783
16.	KEH, BENNETH	K000071604610	2018-12-21	1960-12-21	571221



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

Name of Service: MEDFLEET INC

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	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	KING, KAREN,	K520-517-67-792-0	2021-08-12	1967-08-12	571961
2.	MORRISON, STEPHEN	M625-795-59-102-0	2025-03-22	1959-03-22	571640
3.	MULER LEON, LUIS,	M464527933240	2021-09-04	1993-09-04	571853
4.					
5.	RODRIGUEZ-PEREZ, YOSBEL,	R362-974-87-424-0	2019-11-24	1987-11-24	571664
6.	SANDORA-DICKENSON, JULIUS,	S536-436-92-100-1	2022-03-20	3/20/1992	571554
7.	SCHAFFER, WILLIAM,	S160925602630	2023-07-23	1960-07-23	571699
8.	SHARRER, CHRISTOPHER,	S660119951801	2022-05-20	1995-05-20	571767
9.	SMITH, CHRISTOPHER	S530-112-87-469-0	2026-12-29	1987-12-29	571956
10.	STETSON, NIKLAS	S332635934620	2020-12-22	1993-12-22	571780
11.	SWINDELL, CODY	S534-111-96-429-0	2021-11-29	1996-11-29	
12.	VASQUEZ, RAY,	V220-732-96-362-0	2024-10-02	1996-10-02	571832
13.					
14.	VICKERS, NOAH	V262-627-81-350-0	2020-09-30	1981-09-30	571850
15.	WATTS, JOSHUA	W320-427-90-191-0	5/31/2021	1990-05-31	571955
16.	WEEKS, JUSTIN	W200421943630	2021-10-03	1994-10-03	571621



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

Name of Service: MEDFLEET IC

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	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	WILSON, JASON,	W425424732020	2025-06-02	6/2/1973	571725
2.	WITTMER, SCOTT	W356781851370	4/17/2025	1985-04-17	571768
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



MEDFLEE-01

EREITLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/11/2017

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).

PRODUCER Research Underwriters 4240 Greensburg Pike Pittsburgh, PA 15221	CONTACT NAME: PHONE (A/C, No, Ext): (412) 351-5800 FAX (A/C, No): (412) 351-5818 E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A : National Interstate INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED MedFleet, Inc. 5334 Sunset Road New Port Richey, FL 34652	NAIC # 32620	

COVERAGES

CERTIFICATE NUMBER:

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LPK0001220-01	08/16/2017	08/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sex Abuse & Mol \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AAL0000047-01	08/16/2017	08/16/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabili			LPL0000057-01	08/16/2017	08/16/2018	Aggregate 3,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Pinellas County EMS & Fire Administration
Michell Swan - Admin Supp
12490 Ulmerton Rd.
Largo, FL 33774

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