



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		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 14561 58th St N		PHONE: 727-586-2811
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Clearwater, FL 33760		
OFFICER/DIRECTOR NAME & TITLE: George Williams	PHONE NUMBER & E-MAIL: bud@williamstrans.com 727-543-2086	
VICE OFFICER/DIRECTOR NAME & TITLE: Clifton Williams	PHONE NUMBER & E-MAIL: Clifton@williamstran.com 727-218-1028	
BUSINESS HOURS POINT-OF-CONTACT: Jeffrey Cornwell	PHONE NUMBER & E-MAIL: jeff@wheelchairtransport.com 727-657-8300	
AFTER HOURS POINT-OF-CONTACT: Jeffrey Cornwell	PHONE NUMBER & E-MAIL: jeff@wheelchairtransport.com 727-657-8300	
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: 05/28/2025
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>28th</u> by <u>May, 2025</u> , who is/are personally known to me or has/have produced _____ as identification.		
(SEAL)		 (Name of Notary typed, printed or Form stamped)

*User

Dumas, Kristina



*Work Phone

727

- 249

- 3077

Ext:

*Email

kdumas@wheelchairtransport.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

KD

*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.

*Initials

KD

Section 8.1

Written record contains:

- 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)

*Initials

KD

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

KD

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

KD

Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

*Initials

KD

Vehicles (Form C)

Section 1




























































Vehicle



































Unit Number

Vehicle Tag Number

Vehicle Identification Number(VIN)








































Active

	101	101	PASI30	5TDKZ3DC7JS905855	Yes
	101	101	PASI30	5TDKZ3DC7JS905855	Yes
	102	102	PASI36	5TDKZ3DC1JS904507	Yes
	103	103	PASI25	5TDKZ3DC1JS951360	Yes
	104	104	LMWJ81	JTDKN3DU7B0287283	Yes
	105	105	DHIY67	1FTBR1C82LKB61352	Yes
	106	106	DHIY64	1FTBR1C81LKB66672	Yes
	107	107	DHIY62	1FTBR1C83LKB66673	Yes
	108	108	Y85DFZ	1FBAX2C8XLKB38039	Yes
	112	112	10BBYB	JDTKN3DU9C1502030	Yes
	113	113	DHJJ15	2C4RC1AG1MR558757	Yes
	114	114	Y84DFZ	2C4RC1AG1MR565627	Yes
	115	115	DWAI21	2C4RC1AG4MR558784	Yes
	116	116	Y89DFZ	2C4RC1CG0X1R105292	Yes
	117	117	EGCT82	2C4RDGCGXKR717673	Yes
	118	118	ETMT45	2C4RDGCGHR859557	Yes
	119	119	29BRSW	2C4RD1CG3NR105285	Yes
	120	120	DHIY66	2C4RC1CG5NR105286	Yes
	121	121	DHIY72	2C4RC1CG7NR105287	Yes
	122	122	32BRSW	2C4RC1CG9NT105288	Yes
	123	123	31BRSW	2C4RCV1CG0NR105289	Yes
	124	124	30BRSW	2C4RC1CG6NR105295	Yes
	125	125	DRFK52	2C4RC1CGXNR105297	Yes
	126	126	NAEJ52	2C4RC1CG1NR105284	Yes
	127	127	ETMT40	2C4RC1CG7NR105290	Yes
	128	128	ETMT47	2C4RC1CG9NR105291	Yes
	129	129	ETMT51	2C4RC1CG2NR105293	Yes
	130	130	Y88DFZ	2C4RC1CG4NR105294	Yes
	131	131	DHIY61	2C4RC1CG8NR105296	Yes
	132	132	DHIY60	2C4RC1CG1NR105298	Yes
	133	133	78DAGE	2C4RC1CG6NR105264	Yes
	134	134	76DAGE	2C4RC1CG8NR105265	Yes
	135	135	77DAGE	2C4RC1CG5NR105269	Yes
	136	136	8889AW	2C4RC1CG2NR105262	Yes
	137	137	73DAGE	2C4RC1CGXNR105302	Yes
	138	138	75DAGE	2C4RC1CG5NR105272	Yes
	139	139	74DAGE	2C4RC1CG3NR105268	Yes
	140	140	DHIY71	1FTYE1C8XNKA76235	Yes
	141	141	335MYQ	1FTYE1C81NKA76236	Yes
	142	142	AW26YK	1FTYE1C80NKA76227	Yes
	143	143	CWAJ64	1FTYE1C80NKA76244	Yes
	144	144	ETMT39	1FTYE1C81NKA76219	Yes
	145	145	HZED94	1FTYE1C87NKA76273	Yes
	146	146	LMWJ80	1FTYE1C85NKA76238	Yes
	147	147	ETMT38	1FTYE1C80NKA76258	Yes
	148	148	EEWR25	1FTYE1C88NKA76279	Yes
	307	307	27DEBQ	1FTNE1EW3EDA86432	Yes
	323	323	EEWR29	1FMZK1CMXFKB01383	Yes
	330	330	Y45DYS	1FMZK1CM4GKA33020	Yes
	337	337	Y46DYS	1FMZK1CM6GKA33021	Yes
	338	338	Y47DYS	1FMZK1CMXGKA33023	Yes
	339	339	Y48DYS	1FMZK1CM5GKA33026	Yes
	340	340	Y49DYS	1FMZK1CM7GKA33027	Yes
	348	348	ETMT52	1FTYE2CM0GKA50846	Yes
	351	351	HGNI60	1FTYR1CM9GKA65120	Yes
	353	353	GVHJ07	1FTYR2CM7GKB06978	Yes
	357	357	334MYQ	1FTYR2CM7HKA02086	Yes
	358	358	330MYQ	1FTYR2CM9HKA02087	Yes
	359	359	EEWR23	1FTYR2CM9HKB27327	Yes
	360	360	GEDT37	1FTYE2CM0HKB27331	Yes
	361	361	514MYQ	1FTYE2CM0HKB27328	Yes
	363	363	331MYQ	5TDZZ3DC2HS856296	Yes

	364	364	EEWR19	5TDZZ3DC4HS876842	Yes
	365	365	DWSD82	5TDZZ8DC0HS876827	Yes
	366	366	Y86DFZ	5TDZZ3DCXHS877252	Yes
	367	367	HZED95	2C4RDGCG7GR179957	Yes
	370	370	JUWU71	2C4RDGCG8GR179109	Yes
	376	376	329MYQ	2C4RDGCG2ER392232	Yes
	377	377	326MYQ	1FTYR1CM1HKA01879	Yes
	378	378	332MYQ	5TDZZ3DC8HS877668	Yes
	379	379	HZED97	1FTTYE2CM6JKB21958	Yes
	380	380	HZED96	1FTYE2CM1HKA42417	Yes
	381	381	GREN53	1FTYE2CMXGKB25925	Yes
	382	382	IJCD57	1FTYE2CM2GKB25921	Yes
	383	383	ETMT50	1FTYE2CM1GKB25926	Yes
	384	384	325MYQ	1FTYE2CM4GKB25922	Yes
	385	385	EEWR20	1FTYE2CM4GKB25922	Yes
	386	386	EEWR28	1FMZK1CM4GKA09218	Yes
	387	387	KYBU09	1FTYE2CM3GKB25930	Yes
	388	388	Y83DFZ	1FTYE2CM6GKB25923	Yes
	389	389	327MYQ	1FTYE2CM7GKB25929	Yes
	390	390	Y81DFZ	1FMZK1CM6GKA04957	Yes
	391	391	328MYQ	1FTYE2CM5GKB25928	Yes
	392	392	EEWR18	1FTYE2CM3GKB25927	Yes
	393	393	EEWR21	1FTYE2CM8GKB25924	Yes
	394	394	EEWR22	2C7WDGBG4KR683804	Yes
	395	395	336MYQ	2C7WDGBG8KR754549	Yes
	396	396	NRYV02	2C7WDGBG8KR649509	Yes
	397	397	Y82DFZ	2C7WDGBG8KR752171	Yes
	398	398	PASI35	5TDKZ3DC2JS940450	Yes
	399	399	PASI31	5TDKZ3DC9JS906862	Yes
	150	150	14A750	1FBAX2C81PKA47599	Yes
	151	151	14A751	!FBAX2C8XPKA44426	Yes
	152	152	36A975	2C4RC1CG1PR578766	Yes
	154	154	36A977	2C4RC1CG3PR578753	Yes
	157	157	14A753	2C4RC1BG5NR168759	Yes

Personnel (Form D)

Section 1

Personnel ID	User	Position
 566443	Andritsakis, Constantine (566443)	
 566150	Arnold, James (566150)	
 566462	Calderon, Zhamarie Arias (566462)	
 566338	Carter, David (566338)	
 566096	Conchambay, Moises Agustin (566096)	
 566490	Diggs, Andrew (566490)	
 562427	Dresel, Jan (562427)	
	Dumas, Kristina (none)	WCT Admin Support
 566495	Ford, Jesse J (566495)	
 566462	Franzone, Thomas Mark (566462)	
 566436	French, Kevin (566436)	
 566267	Glantz, Cord (566267)	
 566387	Gonzalez Jr, Daniel L (566387)	
 566463	Gonzalez, Jordan Miguel (566463)	
 566202	Griffin, Matthew Walton (566202)	
 566458	Guerrero, Jesus Ivan (566458)	
 566497	Jimenez, Sebastian L (566497)	
 566493	Jones, Dominique J (566493)	
 562430	Kuhn, Allan T (562430)	
 566088	Maldonado, Madelyn G (566088)	
 566397	Martin, Joseph (566397)	
 566492	Mathew, Thomas (566492)	
 566317	Miller, Arseles (566317)	
 566381	Pacheco, Jean M (566381)	
 566357	Reyes, Martin Alessandro (566357)	
 566489	Roach Sr, Derrick Stanley (566489)	
 566483	Roberts, Emily (566483)	
 566013	Roberts, Oliver (566013)	
 566347	Robinson, Antoinette M (566347)	
 566440	Scott, Dyquan (566440)	
 566288	Stroud, James D (566288)	
 566351	Swart, Gary H (566351)	
 566496	Taylor, Kenneth J (566496)	
 566294	Thorn, Pamela (566294)	
 566466	Toussaint, Smith (566466)	
 566412	Vella, Alessandro (566412)	
 566444	Wise, Matthew (566444)	
 566483	Wise, Kandee (566483)	
 566428	Wright, Jesse (566428)	

Required Documents

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)

Policy Type

Policy

Number

MAL000000702

Issued Date

09/27/2024


Today

Expiration Date

09/27/2025

Today

***Insurance Verification**



Change File

Wheelchair - 2025 WC COI - Pinellas County.pdf

Name

Insurance Verification

Document Type

Select Document Type

Certificate of Incorporation

***Certificate of Incorporation**



Change File

Certification of Incorporation.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**



Change File

2025 Wheelchair-Stretcher Rates.docx

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name



Change File

2025 Fictitious Name.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

***Today's Date**

05/15/2025

Today

***Signature**

Signed on May 15, 2025 11:54:15 AM by Kristina Dumas

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/30/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services LLC 12485 28th Street N St Petersburg, FL 33716	CONTACT NAME: Patricia Byrne PHONE (A/C, No, Ext): 813-682-1510 FAX (A/C, No): E-MAIL ADDRESS: patricia.byrne@mcgriff.com														
INSURED Wheelchair Transport Service, Inc. 14561 58th St. N Clearwater, FL 33760	<table border="1"> <tr> <th data-bbox="815 449 1437 478">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 449 1568 478">NAIC #</th> </tr> <tr> <td data-bbox="815 478 1437 508">INSURER A : National Interstate Ins. Co.</td> <td data-bbox="1437 478 1568 508">32620</td> </tr> <tr> <td data-bbox="815 508 1437 537">INSURER B :</td> <td data-bbox="1437 508 1568 537"></td> </tr> <tr> <td data-bbox="815 537 1437 567">INSURER C :</td> <td data-bbox="1437 537 1568 567"></td> </tr> <tr> <td data-bbox="815 567 1437 596">INSURER D :</td> <td data-bbox="1437 567 1568 596"></td> </tr> <tr> <td data-bbox="815 596 1437 625">INSURER E :</td> <td data-bbox="1437 596 1568 625"></td> </tr> <tr> <td data-bbox="815 625 1437 632">INSURER F :</td> <td data-bbox="1437 625 1568 632"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Interstate Ins. Co.	32620	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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 INSR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MGL000000702	09/30/2024	09/30/2025	EACH OCCURRENCE \$500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$500,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$500,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MAL000000702	09/30/2024	09/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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? <input type="checkbox"/> Y / N (Mandatory in NH) 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 \$

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

Current Vehicle Schedule: Deductibles: Comp \$1,000 and Collision \$1,000

2018 Ford Transit T-150 VAN 1FTYE1CM6JKB21968

2018 Toyota Sienna VAN 5TDKZ3DC1JS904507

2020 FORD Transit 150 VAN 1FTBR1C82LKB61352

2021 FORD Transit 350 VAN 1FBAX2C85LKB38028

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political
Subdivision of the state of
Florida
400 South Fort Harrison Avenue
Clearwater, FL 33756

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

Kyle Helmer



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

WHEELCHAIR TRANSPORT SERVICE, INC.

Filing Information

Document Number	394782
FEI/EIN Number	59-1382621
Date Filed	01/28/1972
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/27/2002
Event Effective Date	NONE

Principal Address

14561 58th Street North
Cleawater, FL 33760

Changed: 04/19/2013

Mailing Address

14561 58th Street North
Cleawater, FL 33760

Changed: 04/19/2013

Registered Agent Name & Address

Williams, Clifton
14561 58th Street North
Cleawater, FL 33760

Name Changed: 04/09/2024

Address Changed: 04/19/2013

Officer/Director Detail

Name & Address

Title President

WILLIAMS, GEORGE BJR
14561 58th Street North
Clearwater, FL 33760

Title Authorized representative

Williams, Clifton Robert
14561 58th Street N
Clearwater, FL 33760

Annual Reports

Report Year	Filed Date
2023	03/16/2023
2024	04/09/2024
2025	04/15/2025

Document Images

04/15/2025 -- ANNUAL REPORT	View image in PDF format
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04/30/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
06/15/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

Wheelchair

Base Fee \$50.00

\$5.00 a mile > 0 miles

Discharge Base Fee \$65.00

\$5.00 a mile > 0 miles

Stretcher

Base Fee \$175.00

\$5.00 a mile > 0 miles

State of Florida

Department of State

I certify from the records of this office that WHEELCHAIR TRANSPORT SERVICE, INC. is a corporation organized under the laws of the State of Florida, filed on January 28, 1972.

The document number of this corporation is 394782.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on April 15, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of April, 2025*




Secretary of State

Tracking Number: 9511108447CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>