



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 (Liberty Wheelchair Transport), Address (6402 109th Ave N), City (Pinellas Park, Florida, 33782), Officer (Brent Johnson), and Signature (Brent Johnson, dated 4/14/20). Includes a notary seal for Delaney Imbier.



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Liberty Wheelchair Transport

Date: 6/12/2020

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Liberty Wheelchair Transport 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/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
10	CDDU28	1FTNS24L66HB07645													
20	LEVY53	1FTNS24W59DA90892													
30	548990Z	1FTNE24L05HA55760													



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Liberty Wheelchair Transport

Page: 1 of 1

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 10	CDDU2E	1FTNS24L66HB07645													
2															
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12															



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

Name of Service: Liberty Wheelchair Transport 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.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1	Benoist, Michael	B523-542-90-063-0	2/23/28	2/23/1990	572047
2	John Bowers	B620-473-60-456-0	12/16/2020	12/16/1960	572129
3	Brent Johnson	J525-065-81-364-0	10/4/2022	10/4/1981	571750
4	Bryce Hodgins	H325-065-90-146-0	4/26/2021	4/26/1990	572046
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CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
4/28/2020

PRODUCER OR THE NAMED INSURED
EIB International, LLC.
8722 S. Harrison St.
Sandy, UT 84070

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

(801) 304-5500

INSURED
Liberty Wheelchair Transport LLC

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

6402 109th ave N

Pinellas Park, FL 33782

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <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 <input type="checkbox"/> Drive Away	PC19052891	6/1/2019	6/1/2020	\$500,000.00 Per Accident \$19,000.00 Physical Damage-total scheduled val \$10,000.00 U.M. Per Person \$20,000.00 U.M. Per Accident \$10,000.00 U.M. Property Damage \$10,000.00 P.I.P Per Person
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Completed Operations Exclude Products				
<input type="checkbox"/> Excess Liability Claims Made				

OTHER
Date of Event: 04/28/2020

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Coverage is limited to only insured activities or operations on the Policy Declaration Page or as may be separately endorsed.

<input checked="" type="checkbox"/> CERTIFICATE HOLDER	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE
Pinellas County EMS & Fire Administration 12490 Ulmerton Rd Largo, FL 33774-2700		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANYKIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE OF THE 'PURCHASING GROUP'