

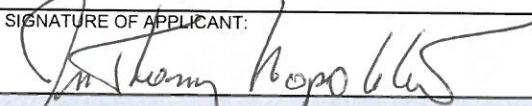
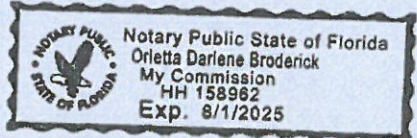
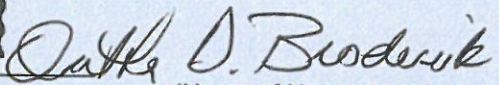


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: JOHNS HOPKINS ALL CHILDREN'S LIFELINE		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 501 6TH AVE SOUTH		PHONE: 727-767-7337
ADDRESS 2:		FAX: 727-767-4837
CITY, STATE, ZIP CODE: ST PETERSBURG, FLORIDA 33701		
OFFICER/DIRECTOR NAME & TITLE: RADEK HOFFMAN LIFELINE DIRECTOR	PHONE NUMBER & E-MAIL: 727-767-8941 rhoffm31@jhmi.edu	
VICE OFFICER/DIRECTOR NAME & TITLE: JULIE BACON LIFELINE PROGRAM MAN	PHONE NUMBER & E-MAIL: 727-767-7337 jbacon11@jhmi.edu	
BUSINESS HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 727-767-7337 jbacon11@jhmi.edu	
AFTER HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 407-432-5498 jbacon11@jhmi.edu	
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: 10/07/2022	
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>7th</u> by <u>Tony Papalitano</u> , who is/are personally known to me or has/have produced _____ as identification.		
(SEAL)	  (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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2022

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 Riggs, Counselman, Michaels & Downes, Inc. 555 Fairmount Avenue Towson MD 21286	CONTACT NAME: Caitlin Gabell PHONE (A/C. No. Ext): 410-339-7263 E-MAIL ADDRESS: cgabell@rcmd.com		FAX (A/C. No.): 410-583-5459
	INSURER(S) AFFORDING COVERAGE		
INSURED Johns Hopkins All Children's Hospital and Health System, Inc. 500 7th Avenue South Saint Petersburg FL 33701	JOHNHOP-07	INSURER A: Travelers Indemnity Company NAIC # 25658	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 561808933

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
	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8108R3880992243G	6/30/2022	6/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER 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)
 Evidencing insurance. Certificate holder is included as additional insured where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political Subdivision
 of the State of Florida
 400 South Fort Harrison Ave.
 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

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider JOHNS HOPKINS ALL CHILDREN'S LIFELINE Provider # 5109

Business Address 501 6TH AVE SOUTH - DEPT 7340

City ST PETERSBURG State FLA Zip Code 33701 County PINELLAS

	PERMIT TYPE						VEHICLE DATA			
	DUPLICATE	NEW	CURRENT	ALS		BLS	YEAR	MAKE	MODEL	V.I.N.
			PERMIT #	TRANS	NON-TRANS	TRANS				
1			020956	X			2017	KENWORTH		2NKHHM6X2HM136408
2			REQUESTED	X			2020	KENWORTH		2NKHHM6X7LM391757
3			REQUESTED	X			2015	KENWORTH		2NKHHM6X2HM136408
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee(s). **Do not send cash.** Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin A22, Tallahassee, Florida 32399-1738. **All fees are nonrefundable** §401.34(1), Florida Statute, (F.S.).

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, F.S., and Rule 64J-1, Florida Administrative Code (F.A.C.), are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401, F.S., and Chapter 64J-1, F.A.C.

SIGNATURE _____ TITLE _____ DATE _____

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider JOHNS HOPKINS ALL CHILDREN'S LIFELINE Provider # 5109

Business Address 501 6TH AVE SOUTH - DEPT 7340

City ST PETERSBURG State FLA Zip Code 33701 County PINELLAS


PERMIT TYPE

VEHICLE DATA

	DUPLICATE	NEW	CURRENT PERMIT #	ALS		BLS TRANS	YEAR	MAKE	MODEL	V.I.N.
				TRANS	NON-TRANS					
1			020956	X			2017	KENWORTH		2NKHHM6X2HM136408
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3			REQUESTED	X			2015	KENWORTH		2NKHHM6X2HM136408
4										
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 SIGNATURE _____ TITLE Medical Director DATE 10-07/2022

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

Name of Service: JOHNS HOPKINS ALL CHILDREN'S LIFELINE 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. SCHULTHEISS, JONATHAN	S432-438-90-180-0	05-20-2027	05-20-1990	EMT564478
3. BETANCOURT, LUCAS MIGUEL	B352-533-00-045-0	02/05/2025	02-05-2000	EMT 368446
4. COOK, CRYSTAL HILL	C200-108-83-746-0	07-06-2025	07-06-1983	EMT 367684
5. SIMPKINS, JARED	S512-422-99-059-0	02-19-2030	02-19-1999	EMT 576328
6. DAHMASH, HASHIM (ALEX)	D520-321-99-420-0	11-20-2023	11-20-1999	EMT 574044
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