



AEROMED

PINELLAS COUNTY COPCN RENEWAL APPLICATION

October 2023





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:

- APM* 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.
- APM* 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).
- APM* 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.
- APM* 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.
- APM* 5. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- APM* 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).
- APM* 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.

Once the application forms and attachments are prepared, submit the completed application package to the **Pinellas County EMS Authority, 12490 Ulmerton Rd, Ste 134, Largo, FL 33774.**

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- 2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<http://www.flhealthsource.gov/>).
- 3. Valid driver's license.
- 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretchers drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- Pinellas County Emergency Medical Services Rules and Regulations • Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 - Emergency Services • Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

- Monthly Activity Report
 - Used to record wheelchair, stretcher, and reclining wheelchair van service data.
 - Must be filed with the Medical Director within ten (10) working days of month's end.
- Medical Incident Report
 - Used to document any event or patient requiring an Incident Report.
 - Must be filed within 72 hours of the event.



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

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

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

ORGANIZATION NAME: Florida Health Sciences Center, Inc. dba Tampa General Hos
HOURS OF OPERATION: [x] 24-HOUR
ADDRESS 1: 1 Tampa General Circle
PHONE: 813-844-7400
ADDRESS 2:
FAX: 813-844-5773

CITY, STATE, ZIP CODE: Tampa, FL 33606

OFFICER/DIRECTOR NAME & TITLE: John Visokay, Aeromed Program Director
PHONE NUMBER & E-MAIL: 813-844-7758, jvisokay@tgh.org

VICE OFFICER/DIRECTOR NAME & TITLE: Michele Moran, VP of Emergency Services
PHONE NUMBER & E-MAIL: 813-844-3282, mmoran@tgh.org

BUSINESS HOURS POINT-OF-CONTACT: John Visokay
PHONE NUMBER & E-MAIL:

AFTER HOURS POINT-OF-CONTACT: Aeromed Operations, request On Call Leade
PHONE NUMBER & E-MAIL: 813-844-7400

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: [Handwritten Signature] DATE: 10.23.2023

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 10/23/2023 by John Visokay, who is/are personally known to me or has/have produced Personally Known as identification.

(SEAL) Jennifer Santos
[Notary Seal: JENNIFER SANTOS, Notary Public - State of Florida, Commission # HH 053865, My Comm. Expires Oct 14, 2024, Bonded through National Notary Assn.]

(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: Florida Health Sciences Center, Inc. dba Tampa

Date: 10/23/2023

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



AEROMED

Re: Pinellas County COPCN application: List of all Officers, Directors, and Shareholders (Name, Address, Position).

- a) Tampa General Hospital: 1 Tampa General Circle Tampa, Florida 33601-1289
 - i) Business Phone # (813) 844-7758
 - ii) 24-hour Dispatch Phone # (813) 844-7400 or 1-800-727-1911
 - iii) Fax Phone # (813) 844-5773
 - iv) Contacts:
 - (1) John Couris, President, CEO
 - (2) Kelly Cullen, Executive Vice President, COO
 - (3) Michele Moran, VP of Emergency Department, Trauma Services, and Aeromed Transport Program
 - (a) Phone Number Office (813) 844-3282
 - (b) Phone Number Cell (630) 272-9483
 - (4) John Visokay, Program Director
 - (a) Phone Number Office (813) 844-7758
 - (b) Phone Number Cell (609)312-9443
 - (c) Email: jvisokay @tgh.org
- b) Metro Aviation, Inc., 1214 Hawn Avenue, Shreveport, LA 71107
 - i) Business Phone # (800) 467-5529
 - ii) Mike Stanberry, President, CEO
 - iii) Kenny Morrow, COO
 - iv) Todd Stanberry, Director of Business Integration
 - (a) Phone Number Office (318) 222-5529 or (800)467-5529
 - (b) Email: tstanberry@metroaviation.com



AEROMED

Re: Pinellas County COPCN application: Previous experience and employment record of principal owners/operator:

Florida Health Sciences, Center, Inc. d/b/a Tampa General Hospital, Aeromed is a private, not-for-profit Corporation that has been in operation since March 1989. Metro Aviation, Inc. has been in operation since 1982 and is an industry leader in Part 135 air transport operations, aircraft completions, and air transport safety training. Tampa General Hospital, Aeromed partnered with Metro Aviation, Inc. in August 2013 to provide Part 135 air medical aircraft operations to include Pinellas County, Florida. Tampa General Hospital is responsible for clinical operations of the program. Metro Aviation, Inc. is a Federal Aviation Administration Part 135 certificate holder and is responsible for Operational Control of Aeromed aircraft and maintenance. Aeromed and Metro Aviation, Inc. leadership teams work collaboratively to promote safety, clinical excellence, and customer service.

Aeromed:

The Aeromed program is a highly qualified and experienced hospital-based, traditional model air transport program that has been in service since 1989. Aeromed safely transports patients from the scene of an accident/event as well as providing expert care for complex, inter-facility transports. Aeromed completed 1,752 patient transports in FY 2021 and 1,879 patient transports in FY 2022. Aeromed successfully obtained Commission on Accreditation of Medical Transport Systems (CAMTS) Accreditation in April 2013, reaccreditation in 4/2016, 4/2019, and 4/2022 demonstrating program, hospital, and aviation vendor commitment to meeting the highest air medical industry standards. Aeromed is experienced in the transport of trauma, burn, cardiac/STEMI, transplant, surgical, pulmonary, high risk obstetric patients, pediatric, and other complex patient populations to include Aortic Emergency, intra-aortic balloon pump, ventricular assist device, and extra corporeal membrane oxygenation (ECMO) patients. Aeromed medical crews complete comprehensive initial and continuing education requirements annually to include advanced certification in accordance with CAMTS accreditation standards. Aeromed maintains a continuous quality review/performance improvement process to include voluntary submission of quality data to the GAMUT registry. Aeromed medical protocols are developed in conjunction with USF and TGH Specialty services to provide the most current, evidence-based clinical care to promote the best patient outcomes possible. In addition, the Aeromed program prides itself on value-based care maintaining reasonable air transport rates with ethical billing practices with no balanced billing of patients to date.



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Metro Aviation, Inc.:

Metro Aviation is dedicated to providing safe, high-quality aviation and maintenance services for their customers/partners. Metro provides services to include traditional aircraft operations, completions, maintenance, and training to allow customers to safely and effectively accomplish their mission profile. Metro operates more than 140 aircraft in more than 35 programs in 22 states throughout the US. Since 1995, Metro Aviation, Inc. has been the Part 135 provider for Holmes Regional Medical Center's First Flight air medical program in Melbourne, Florida. Florida Hospital in Orlando joined the Metro family in 2005, and Aeromed partnered with Metro Aviation in 2013.

Metro Aviation requires Pilots to possess 2,000 hours for Pilot in Command (PIC) positions as well as 500 hours of cross country flight time and 100 hours of night flight time. Metro Maintenance Technicians must have current FAA airframe and Power Plant Mechanic Certificate and at least 3 years' experience.

Metro Aviation is recognized by the FAA for achieving and maintaining the highest level, level 4, Safety Management System status. Metro Aviation operates from and conducts extensive training at its 12,000 square ft. training center in Shreveport, LA. As Metro continues to expand, the company remains true to the values set forth 31 years ago and truly welcomes each customer into the Metro Aviation family.



AEROMED

Re: Pinellas County COPCN application: List of address and/or describe the location of your base station and all substations.

Base	Address	Base phone #	Chief Flight Nurse (CFN) Name and Cell #
Aeromed 1	Tampa General Hospital 1 Tampa General Circle Tampa, 33606	813-844-7810	Alisha Burnett 315-416-1444
Aeromed 2	Sebring Regional Airport 128 Authority Lane Sebring, 33870	863-655-6030	John Bitner 813-352-5456
Aeromed 4	Bartow Municipal Airport 4333 Echo Drive Bartow, 33830	863-533-4713	Tracy Sanderson 813-486-4854
Aeromed 5	Charlotte County Fire Rescue Station 7 27437 Mooney Ave. Punta Gorda, 33982	813-844-5995	Jimmy Holt 352-585-2595

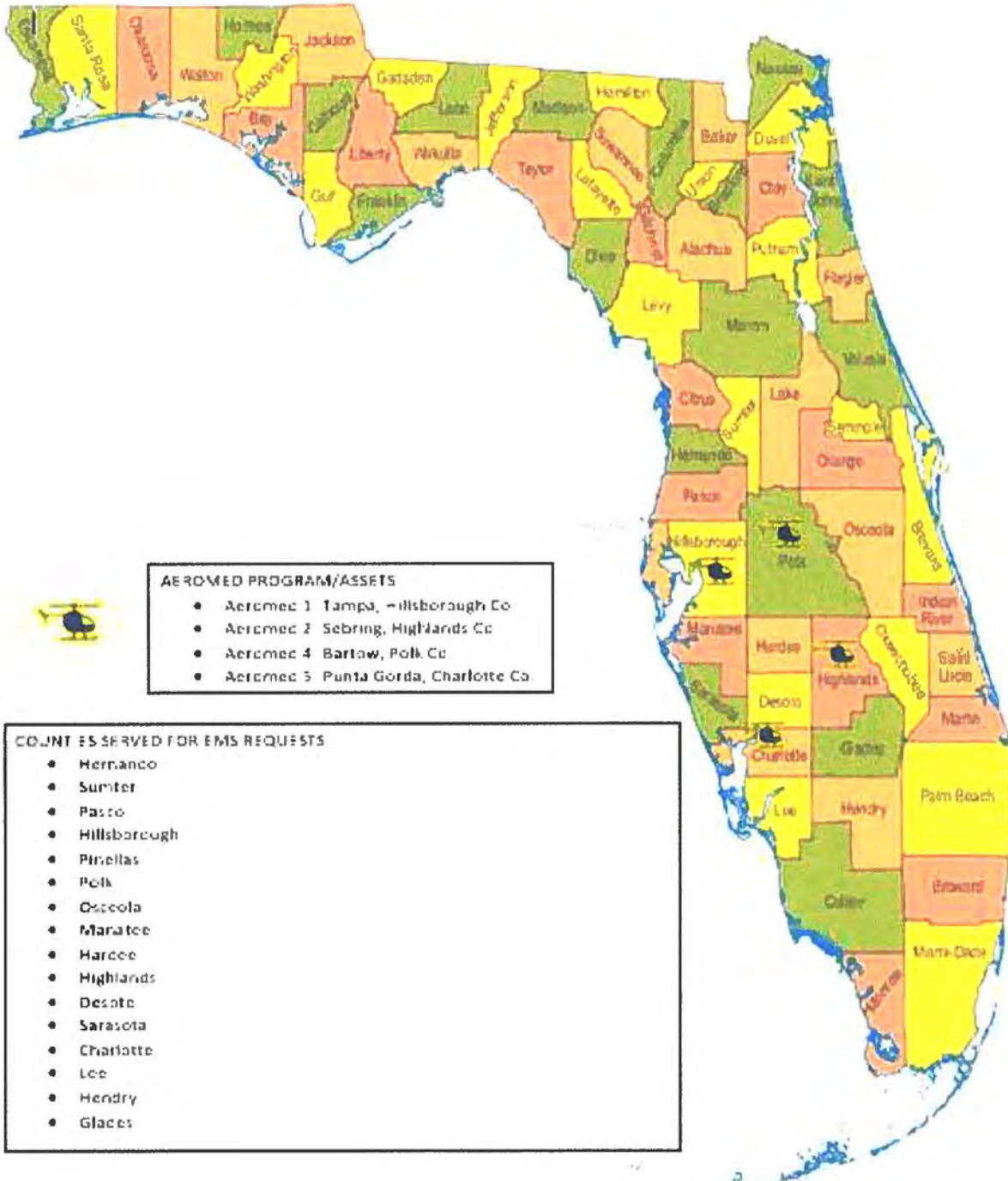


AEROMED

Re: Pinellas County COPCN application: The proposed geographic area or areas to be covered by our service. Illustrated by use of attached map.

Aeromed provides prehospital and critical care interfacility air transport services in West Central Florida to include primary and secondary service in 23 counties in Florida. Aeromed completes air transports from North Florida locations to include Gainesville, Jacksonville, and Tallahassee as well as southern locations to include Miami, Ft. Lauderdale, and Palm Beach. Aeromed maintains 4 bases of operation in Hillsborough, Polk, Highlands, and Charlotte Counties with two dedicated program back up aircrafts to minimize maintenance related out of service time. These bases are considered regional assets serving the counties in which they are based as well as primary, secondary, and tertiary surrounding counties. Reference the attached map.

AEROMED





A E R O M E D

Re: Pinellas County COPCN application: Type and number of vehicles organization uses for operation and back up.

The Aeromed program operates 4 aircraft bases as per the attached base spreadsheet with two dedicated backup aircrafts for the program. Aeromed utilizes a BK 117 aircraft and a Bell 407 GX aircraft as a dedicated backups to ensure continuity of operations for patients and referring customers.

Reference the below Aeromed aircraft spreadsheet for specific aircraft data.

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #	Serial #	Color Scheme
Eurocopter	Back up aircraft	BK117 C1	1993	1732	N914TG	7506	blue/gold
Airbus Helicopters	Aeromed 1/Tampa	BK117 C2e	2020	2021	N911TG	9855	blue/yellow
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/yellow
Bell Helicopter	Back up aircraft	407 GX	2012	1745	N933TG	54376	blue/yellow
Bell Helicopter	Aeromed 4/Bartow	407 GX	2012	1746	N944TG	54377	blue/yellow
Bell Helicopter	Aeromed 5/Punta Gorda	407 GX	2012	1747	N955TG	54379	blue/yellow



AEROMED

Re: Pinellas County COPCN application: Hours and days of operation.

Aeromed and Metro Aviation, Inc. operate 4 bases of operation (reference map and base information) with each aircraft operating 24 hours per day, 7 days per week. Each aircraft is staffed with a highly experienced, ALS/critical care trained crew comprised of a Pilot, Flight Nurse/Paramedic, and Flight Paramedic.

The Aeromed Communications Center is located at Tampa General Hospital and is staffed with two FAA-certified Communications Specialists 24 hours per day, 7 days per week. The Aeromed Communications Center is directly linked with the Metro Aviation, Inc. Operational Control Center at all times. Aviation and Medical Director support is also available 24 hours per day, 7 days per week.



AEROMED

Re: Pinellas County COPCN application: Types of persons that Aeromed proposes to transport.

Aeromed provides the following services and receives comprehensive ongoing didactic training to care for and transport the following patient populations:

- Pre-hospital (scene) transport
- Critical Care, inter-facility transport
- Specialty Care transport to include:
 - Neonatal patient transport: NICU transport team and at minimum one medical crew member who functions as safety officer during air transport
 - Intra-aortic balloon pump (IABP) transport
 - Ventricular Assist device (VAD) transport
 - Extracorporeal membrane oxygenation (ECMO) transport
- Search requests
- Organ and/or Transplant Team transport
- Public relations requests (as approved by Aeromed Administration)
- Disaster Response as requested by FL DOH or other requestors and as approved by Aeromed Administration

Patient Populations:

- Trauma
- Cardiac
- Pulmonary
- Stroke/Neurological emergency
- Aortic Emergency
- Surgical
- Medical
- High Risk Obstetrical
- Burn
- Spinal Cord Injury
- Amputation/near-amputation
- Transplant
- Neonatal (utilize NICU transport team)
- Adult
- Pediatric
- Geriatric



AEROMED

Re: Pinellas County COPCN application: Rate structure and method of collection of fees.

Aeromed is dedicated to keeping our rates, fares, and charges competitive and aligned with national air medical industry standards. We have benchmarked with other air transport programs and find that our rates are below the national average. Current Aeromed rates and charges are as follows:

Lift off: \$21,496.00

Loaded statute mileage rate: \$216.00

Aeromed prides itself on ethical billing practices and does not engage in balanced billing as a standard practice. Aeromed partners with Quick Med Claims to bill patient insurance carriers for air transport services.



AEROMED

Re: Pinellas County COPCN application: How services will be accessible to the indigent.

Aeromed is a hospital-based, traditional model air transport program affiliated with Tampa General Hospital. Tampa General Hospital is a private, not-for-profit health system committed to providing world-class, value-based care for all Florida citizens and visitors irrespective of their ability to pay. As the regional Academic, tertiary, and quaternary care health system, we understand we will deliver charitable care as part of our mission to care for everyone, every day.



A E R O M E D

Re: Pinellas County COPCN application: Additional information

Qualification of Personnel:

All Aeromed/Metro Aviation, Inc. Pilots are rated commercial pilots with a minimum of 2000 flight hours with most exceeding this required minimum. Aeromed Flight Nurse/Paramedics are required to have a minimum of 5 years Critical Care and Emergency experience. Flight Nurse/Paramedics are required to have a Florida RN license and Florida Paramedic certificate with the following requirements: basic life support (BLS), advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), DOT Air medical crew core curriculum content completion, ATLS audit or approved advanced trauma course completion, and water egress training. Aeromed Flight Paramedics are required to have a Florida Paramedic certificate with a minimum of 5 years ALS experience. Flight Paramedics are required to maintain BLS, ACLS, PALS, NRP, DOT air medical crew core curriculum content completion, ATLS audit or approved advanced trauma course completion, and water egress training. Aeromed Flight Nurse/Paramedics and Flight Paramedics are required to obtain national advanced certification such as CFRN, CCRN, CEN, FP-C, or CCP-C as per Commission on Accreditation of Medical Transport Systems (CAMTS) Accreditation within 2 years of hire. In 2020, Aeromed updated infectious disease transport processes and conducted comprehensive simulation training to ensure our teams were providing the safest, highest quality care and transport for high acuity COVID patients.

Maintenance:

All Aeromed/Metro Aviation, Inc. Mechanics are extremely experienced and receive extensive training. Aircraft are maintained as per FAA established guidelines.

Metro Aviation, Inc. Safety Management System:

Metro Aviation, Inc. has met the highest recommended safety management system standards as per the FAA, entering level 4 in 2013.

CAMTS Accreditation:

Aeromed was awarded CAMTS accreditation in April 2013 with full reaccreditation in April 2016, April 2019, and April 2022 demonstrating program commitment to maintaining the highest industry standards regarding Leadership/Management, Quality, Utilization Review, Education and Training, and Safety. See attached certificate.



AEROMED

Re: Pinellas County COPCN application: Certification of fictitious name, two-year pro-forma budget, personnel roster, license, and insurance.

Certification of fictitious name:



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Fictitious Name Search

Fictitious Name Detail

Fictitious Name

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Filing Information

Registration Number G13000052453
Status ACTIVE
Filed Date 06/04/2013
Expiration Date 12/31/2023
Current Owners 1
County HILLSBOROUGH
Total Pages 2
Events Filed 1
FEVEIN Number NONE

Mailing Address

ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606
FEVEIN Number: 59-3456145
Document Number: N9700003941

Document Images

[06/04/2013 - Fictitious Name Filing](#)

[04/09/2018 - Fictitious Name Renewal Filing](#)

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Fictitious Name Search



A E R O M E D

Two-year pro-forma budget:

Florida Health Sciences Center, Inc and Subsidiaries
 Consolidated Income Statement
In Thousands

	Two Year ProForma	
	2023	2024
Operating Revenues		
Net Patient Service Revenue	2,198,201	2,264,147
Other Operating Revenue	286,282	273,670
Total Operating Revenue	2,484,483	2,537,817
Operating Expenses		
Salaries and Wages	831,926	828,559
Employee Benefits	197,563	215,425
Professional Fees	69,595	70,291
Medical Supplies	315,764	325,237
Pharmaceuticals	232,942	239,930
Other Supplies	38,175	39,320
Purchased Services	335,374	342,081
Utilities and Rent/Lease	61,594	62,210
Assessments	26,245	27,170
Medical Professional Costs	100,215	101,217
Insurance	43,358	43,792
Other Expense	26,661	26,928
Depreciation and Amortization	85,741	93,612
Interest Expense	35,155	34,804
Total Operating Expenses	2,400,308	2,450,576
Operating Income	84,175	87,242
Investment Returns	38,430	38,430
Donations, Income Tax, and Other	670	2,050
Net Income	123,275	127,722



A E R O M E D

Personnel roster:

Last Name	First Name	Hire Date	RN License	Paramedic Cert
Adams	Mark	04/19/2004		PMD 507417
Adkins	Keland	04/13/2015	RN 9526801	PMD 522290
Bitner	John	05/01/2010	RN 9306385	PMD 523569
Blanchard	Brian	03/04/2019	RN 9414343	PMD 538013
Burnett	Alisha	11/19/2012	RN 9351712	PMD 528672
Burnett	Matthew	11/19/2012	RN 9350430	PMD 524831
Charczenko	Rebecca	1/24/2022		PMD 536834
Clough	Brian	12/9/2019		PMD 527676
Connell	Noah	05/04/2009		PMD 504208
Curren	Kelly	08/18/2008		PMD 200304
Denicourt	Adam	2/17/2020		PMD 522566
Duppenthaler	Laurie	08/18/2008	RN 9170133	PMD 509768
Freas	Robert	12/01/2008	RN 9271962	PMD 514738
Haines	Caitlyn	1/4/2016	RN9427043	PMD 532340
Hamilton	Tricia	12/8/2014	RN9363182	PMD 528209
Hess	Sarah	08/01/2006	RN 9233298	PMD 518659
Holt	James	02/11/2002	RN 3234652	PMD 17802
Hughes	Chadd	10/21/2002	RN 9188741	PMD 514896




A E R O M E D

Huston	James	1/20/2020		PMD 535304
Keffeler	Jotham	07/08/2002	RN 9188997	PMD 511240
Kellems	Robyn	09/22/1984	RN 1489892	PMD 205221
Kresge	Daniel	05/10/1992	RN 2835822	PMD 19693
Maslonka	Justin	05/14/2018		PMD 523574
McNally	Kyle	03/16/2015		PMD 522253
Miller	Aurelia	8/15/2016	RN9235532	PMD517437
Miller	Kyle	01/19/2015		PMD 515588
Miller	Scott	06/06/1994	RN 2903102	PMD 201060
Monk	Robert	08/18/2008		PMD 11424
Nelson	Charles	04/19/1999		PMD 13652
Pearson	Richard	3/5/2007	RN 9213405	PMD 531844
Pennington	Joseph	11/03/2008		PMD 12130
Rader	Mariya	2/27/2017	RN9449997	PMD534683
Richardson	Donald	06/04/2001	RN 2793692	PMD 17762
Sanderson	Tracy	03/14/2001	RN 9175288	PMD 205819
Stevenson	Wendi	11/03/2014	RN 9363653	PMD 527618
Tavakoli	Renee	07/25/2011	RN 9293069	PMD 531529
Turgeon	Cedric	08/18/2008		PMD 201623
Velar	Thomas	10/25/2021		PMD 512198



A E R O M E D

License:



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**


AIR AMBULANCE SERVICE LICENSE

This is to certify that: FLORIDA HEALTH SCIENCES CENTER INC., DBA TAMPA GENERAL HOSPITAL, AEROMED Provider Number # 2905
Name of Provider

1 TAMPA GENERAL CIRCLE TAMPA, FLORIDA 33606
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CHARLOTTE, CITRUS, DESOTO*, GLADES*, HARDEE*, HIGHLANDS, HILLSBOROUGH, MANATEE*,
OKEECHOBEE, PASCO, PINELLAS, POLK, SARASOTA*
County(s)


Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health


THIS CERTIFICATE EXPIRES ON: 01/17/2024
This certificate shall be posted in the above mentioned establishment



AEROMED

CAMTS Certificate:

The Board of Directors of



Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

TAMPA GENERAL HOSPITAL

AEROMED

From April 8, 2022 to April 8, 2025

Presented in recognition for substantial compliance with CAMTS Accreditation Standards in quality care and safety for patients requiring medical transport in the following categories:

<p>Modes of Transport</p> <input type="checkbox"/> Fixed Wing <input checked="" type="checkbox"/> Rotorwing <input type="checkbox"/> Surface Critical Care <input type="checkbox"/> Ground ALS <input type="checkbox"/> Ground BLS <input type="checkbox"/> Medical Escort	<p>Patient Types (Care and Transport)</p> <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> PICU <input checked="" type="checkbox"/> IABP <input checked="" type="checkbox"/> Perinatal <input checked="" type="checkbox"/> Neonatal <input checked="" type="checkbox"/> ECMO <input type="checkbox"/> Inhaled Nitric Oxide (INO)	<p>Patient Types (Transport Only)</p> <input type="checkbox"/> Adult <input type="checkbox"/> PICU <input type="checkbox"/> IABP <input type="checkbox"/> Perinatal <input type="checkbox"/> Neonatal <input type="checkbox"/> ECMO <input type="checkbox"/> Inhaled Nitric Oxide (INO)	<p>Levels of Service</p> <input checked="" type="checkbox"/> Critical Care <input checked="" type="checkbox"/> Specialty Care <input type="checkbox"/> ALS (Air) <input type="checkbox"/> ALS (Ground) <input type="checkbox"/> BLS (Ground)
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

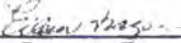
The Medical Transport Service is granted this Certificate of Accreditation by the authority of

Commission on Accreditation of Medical Transport Systems

An organization with equal representation from each of the following member organizations:

<p><i>Aerospace Medical Association</i></p> <p><i>Air Medical Operators Association</i></p> <p><i>Air Medical Physicians Association</i></p> <p><i>Air & Surface Transport Nurses Association</i></p> <p><i>American Academy of Pediatrics</i></p> <p><i>American Association of Critical Care Nurses</i></p> <p><i>American Association of Respiratory Care</i></p> <p><i>American College of Emergency Physicians</i></p> <p><i>American College of Surgeons</i></p> <p><i>Association of Air Medical Services</i></p> <p><i>Association of Critical Care Transport</i></p>	<p><i>Emergency Nurses Association</i></p> <p><i>International College of Advanced Practice Paramedics</i></p> <p><i>International Association of Medical Transport Communications Specialists</i></p> <p><i>National Air Transportation Association</i></p> <p><i>National Association of EMS Physicians</i></p> <p><i>National Association of Neonatal Nurses</i></p> <p><i>National Association of State EMS Officials</i></p> <p><i>National EMS Pilots Association</i></p> <p><i>United States Transportation Command Liaison</i></p>
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The Commission on Accreditation of Medical Transport Systems is dedicated to improving the quality of patient care and safety of the transport environment for services providing rotorwing, fixed wing and surface transport systems.

<p> _____ Chair</p>	<p> _____ Secretary</p>	<p> _____ Executive Director</p>
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A E R O M E D



AEROMED

Insurance:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2023

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 MARSH USA LLC 1500 Sunquest Corporate Pkwy, Suite 300 Sunrise, FL 33323	CONTACT NAME: PHONE (Int, Ext, Fax): E-MAIL ADDRESS: ADDRESS:	TAX (AC, Mod):
CN10300951*-QAW-23-04	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Florida Health Sciences Center, INC 1 Tampa General Circle Tampa, FL 33606	INSURER A - N/A	N/A
	INSURER B - American Surety & Liability Ins Co	28047
	INSURER C - Safety National Casualty Corp	15105
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: ATL-00528046-18 REVISION NUMBER: 7

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.

FORM	TYPE OF INSURANCE	ACORD	NAIC	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTBL		0000	0000		(MM/DD/YYYY)	(MM/DD/YYYY)	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLICABLE IN: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED EQUIPMENT (As an extension) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND ADD \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			OLA 38811*E1-17	05/01/2023	08/31/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> GENL <input type="checkbox"/> SCHEDULED						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROVISION FOR PARTIAL/RESIDUAL/EXECUTIVE OFFICERS/EMPLOYEES EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	PRP405573? (AOS) GR4087308 (FL) DIR: \$500,000	10/01/2023 10/01/2023	10/01/2024 10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of coverage for Certificate of Public Convenience and Necessity (COPCN) to operate in Pinellas County, FL.

CERTIFICATE HOLDER Pinellas County EMS Authority 1540C Universal Rd Ste 134 Largo, FL 33774	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 of Marsh USA LLC <i>Marsh USA LLC</i>
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AEROMED



3353 Peachtree Road, N.E., Suite 1000
 Atlanta, GA 30326
 Telephone: (404) 946-1400

Certificate of Insurance

(sometimes referred to herein as "this Certificate")

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

This is to certify to:

FLORIDA HEALTH SCIENCES, A FLORIDA
 NON-PROFIT CORPORATION DBA TAMPA
 GENERAL HOSPITAL AND MILLSBOROUGH
 COUNTY EMERGENCY MEDICAL PLANNING
 COUNCIL AND BOARD OF COUNTY
 COMMISSIONERS
 P. O. BOX 1289
 TAMPA, FL 33601

(sometimes referred to herein as "the Certificate Holder(s)")

that the insurers referred to below, EACH FOR ITS OWN PART AND NOT ONE FOR THE OTHER, are providing the following insurance:

Named Insured(s):	Metro Aviation, Inc. and as endorsed (hereinafter, the "Named Insured(s)")
Policy Address:	PO BOX 7008 SHREVEPORT, LA 71137 (hereinafter, the "Named Insured(s) Address")
Policy Period:	September 1, 2023 to September 1, 2024 on both dates at 12:01 A.M. local standard time at the address of the Named Insured(s) (hereinafter, the "Policy Period")
Territory:	Worldwide
Insurers:	SEE ATTACHED SCHEDULE OF INSURERS
Description of Insurance Coverage(s):	Aircraft Hull Insurance: All Risks, Ground and In-flight Aircraft Liability Insurance, including Passenger Liability, Third Party Liability and War Risks Liability as per AVN52E Aviation Commercial General Liability Insurance including Premises, Products/Completed Operations, Fire Legal and Hangarkeepers Legal Liability.
Limit(s) of Liability:	Aircraft Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the aggregate where applicable. War Risks Liability, as per AVN52E \$0 each occurrence. Aviation Commercial General Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the annual aggregate with respects to Products/Completed Operations. Including Hangarkeepers Legal Liability \$50,000,000 each aircraft, each loss and Fire Legal Liability \$1,000,000 any one Fire. Personal injury sub-limited to \$0 each occurrence and in the annual aggregate.

Description of Equipment to which this Certificate applies:

Registration (MSN)	Make / Model	Agreed Value
N922TG (SN 54375)	Bell 407	\$3,500,000
N933TG (SN 54376)	Bell 407	\$3,500,000
N944TG (SN 54377)	Bell 407	\$3,500,000
N955TG (SN 54379)	Bell 407	\$3,500,000
N911TG (SN 9855)	EC-145C2e	\$7,524,234
N914TG (SN 7506)	BK 117 C1	\$3,000,000

Deductible(s): Not In Motion: \$50,000 / In Motion: 10% of Insured value;
 Subject to a Maximum of \$100,000 each and every loss for aircraft with Insured value less than \$2,000,000 and



A E R O M E D



Subject to a Maximum of \$250,000 each and every loss for aircraft with Insured Value equal or greater than \$2,000,000



AEROMED

Air Carrier Certificate:



Air Carrier Certificate

This certifies that

**METRO AVIATION, INC.
1214 HAWN AVENUE
SHREVEPORT, LA. 71107**

has met the requirements of the Federal Aviation Act of 1958, as amended, and the rules, regulations, and standards prescribed thereunder for the issuance of this certificate and is hereby authorized to operate as an air carrier and conduct common carriage operations in accordance with said Act and the rules, regulations, and standards prescribed thereunder and the terms, conditions, and limitations contained in the approved operations specifications

This certificate is not transferable and, unless sooner surrendered, suspended, or revoked, shall continue in effect indefinitely.

By Direction of the Administrator

William Lloyd Kelley
(Signature)

Manager
(Title)

ASW-ES100-03
(Region/Office)

Certificate number **...110NAGJ01**

Effective Date **August 13, 1985**

Reissued **November 15, 2007**

Issued at **ASW-ES100-03**

FAA Form 8700-1 (Rev. 11-15-03)

Continuation of Form 8700-1



A E R O M E D

Air Worthiness Certificates:

REGISTRATION NOT TRANSFERABLE	
UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION	
NATIONALITY AND REGISTRATION MARKS N 914TG	AIRCRAFT SERIAL NO 7506
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT EUROCOPTER DEUTSCHLAND GMBH MBB-BK 117 C-1	
ICAO Aircraft Address Code 53123467	
ISSUED TO FLORIDA HEALTH SCIENCES CENTER INC DBA TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR TAMPA FL 33606-3571 Corporation	This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.	
DATE OF ISSUE December 1, 2021	ADMINISTRATOR
EXPIRATION DATE December 31, 2024	

U.S. Department of Transportation
Federal Aviation Administration

Civil Aviation Registry
P.O. Box 25504
Oklahoma City, OK 73125-0504

Official Business
Penalty for Private Use \$300

AC Form 8066-2 (10/2019) Supersedes previous editions 914TG

TO: FLORIDA HEALTH SCIENCES CENTER INC DBA
1 TAMPA GENERAL CIR
TAMPA FL 33606-3571

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION STANDARD AIRWORTHINESS CERTIFICATE			
1 NATIONALITY AND REGISTRATION MARKS N811TG	2 MANUFACTURER AND MODEL AIRBUS HELICOPTERS INC MBB-BK 117 C-2	3 AIRCRAFT SERIAL NUMBER 9855	4 CATEGORY Transport
5 AUTHORITY AND BASIS FOR ISSUANCE This airworthiness certificate is issued pursuant to 49 U.S.C. § 44104 and ceases to be in effect on the date of issuance, this aircraft has been inspected and found to conform to type certificate and be in condition for safe operation. This aircraft meets the requirements of the applicable airworthiness standards of Annex B to the Convention on International Civil Aviation, except as follows: NONE			
6 TERMS AND CONDITIONS Unless sooner surrendered, suspended, reissued, or a termination date is otherwise established by the FAA, this airworthiness certificate is effective as long as maintenance, airworthiness inspections, and alterations are performed per the applicable Federal Aviation Regulations and the aircraft is registered in the United States.			
DATE OF ISSUANCE R- 20/Jul/2020	FAA REPRESENTATIVE //Signed by/Milton Kromell Goltz 05:34 PM, July 19, 2021		DESIGNATION NUMBER 294096223
Any alteration, misuse, or reproduction of this certificate for a fraudulent purpose may be punishable by certificate revocation, fine, and / or imprisonment.			
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT PER THE APPLICABLE FEDERAL AVIATION REGULATIONS			
FAA Form 8100-2 (9-2019) Previous Edition May be Used Until Depleted			



AEROMED

UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N922TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54376	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Nov. 28, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
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Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (5-08)

UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N933TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54376	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Nov. 28, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
--	--	---

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)



AEROMED

UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N944TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54377	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R)Dec. 05, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-5A
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Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)

UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N955TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54379	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R)Dec. 12, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
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Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)