



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY July 1, 2019– June 30, 2020**

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: <i>Liberty Wheelchair Transport LLC</i>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>0600 A.M. to 1900</i> <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <i>6402 109th Ave N.</i>	PHONE: <i>727-800-3354</i>
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:  
*Pinellas Park, FL 33782*

OFFICER/DIRECTOR NAME & TITLE: <i>Brent Johnson owner</i>	PHONE NUMBER & E-MAIL: <i>757-635-0439</i> <i>Brent@libertywheelchairtransport.com</i>
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:

**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.

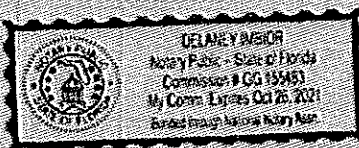
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: <i>Brent Johnson</i>	DATE: <i>17 May 2019</i>
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STATE OF FLORIDA  
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this May 17, 2019 by Brent Johnson, who is/are personally known to me or has/have produced Drivers License as identification.

(SEAL) *[Signature]*



(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: Liberty WC Transport

Date: 5/30/19

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>BET</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>BET</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>BET</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>BET</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/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	COO U29	1FTNSZ4166AB0764T	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

*[Signature]*

*NOTHING FOLLOWS*



**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	CDD 029	1FTN124266HB07645	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

EMS INSPECTOR: [Signature] Date: 5.20.19

NOTHING FOLLOWS



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

Name of Service: Liberty Wheelchair Transport LLC 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	Benaïd, Michael	B523-542-90-063-0	2/23/20	2/23/90	572047
2	Evan, Robert	E152-761-57-263-0	7/23/20	7/23/57	572063
3	Burch, Sam	B520-783-39-210-0	6/10/22	6/10/39	571999
4	Johnson, Brent	J525-065-81-364-0	10/4/22	10/4/81	571750
5	Hodgins, Bryce	H325-065-90-146-0	4/26/21	4/26/90	572046
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/31/2019

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).

<b>PRODUCER</b> Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	<b>CONTACT NAME:</b> Professional Insurance Center Inc <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> LIBERTY WHEELCHAIR TRANSPORT LLC 6402 109th AVE N PINELLAS PARK, FL 33782	<b>INSURER A:</b> Scottsdale Insurance Company		41297
	<b>INSURER B:</b> Prime Insurance Company		12588
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

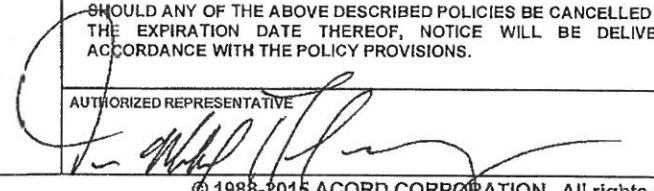
**COVERAGES**                      **CERTIFICATE NUMBER:** 1997                      **REVISION NUMBER:**

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:			CPS3218634	6/1/2019	6/1/2020	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	\$ 500,000
							PRODUCTS - COMP/OP AGG	\$ 500,000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PC19052891-0	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED   <input type="checkbox"/> RETENTIONS							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL:  
 2006 - FORD - ECONOLINE E250 - 1FTNS24L66HB07645  
 2009 - FORD - ECONOLINE E250 - 1FTNS24W59DA90892  
 2005 - FORD - ECONOLINE E250 - 1FTNE24L05HA55760

<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Additional Insured  Pinellas County, A Political Subdivision of the State of Florida  400 S Fort Harrison Ave Clearwater, FL 34756	<b>CANCELLATION</b> 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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