



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: <i>HEAT LLC</i>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>6</i> A.M. to <i>6</i> <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <i>1120 E. Kennedy Blvd</i>	PHONE:
ADDRESS 2: <i>Apt 1428</i>	FAX:
CITY, STATE, ZIP CODE: <i>Tampa FL 33602</i>	
OFFICER/DIRECTOR NAME & TITLE: <i>Kenneth Snyder owner</i>	PHONE NUMBER & E-MAIL: <i>786 546 6819 Kert11e@gmail.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.

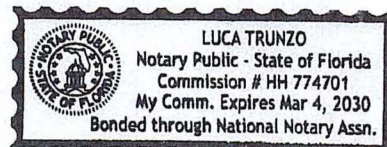
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: *[Signature]* DATE: *5/4/26*

STATE OF FLORIDA
COUNTY OF *Hillsborough*

Subscribed and sworn to (or affirmed) before me this *May 4th 2026* by *Kenneth Snyder*, 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)

Cover Page

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

Change File	20260504131738.pdf
Name	COPCN Notary Form
Document Type	Supporting Documents

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Sole Proprietor

Company Information (Form A)

Company Information

Organization Name

KERT, LLC

*Street 1

1120 E. Kennedy Blvd.

Street 2

*Postal Code

33602

City

Tampa

State

Florida

Phone

732 - 546 - 6819 Ext:

Fax

- -

*Hours of operation

6AM-6PM

Company Contacts

Position

Officer/Director

*Action to take

Update record in the service

This is the action that will be taken within the service for the User you select below.

*Search Contact

Snyder, Ken (552001)

*Work Phone

732

- 546

- 6819

Ext:

Email

Kertllc@gmail.com

Position

Vice Officer/Director

*Search Contact

Snyder, Ken (552001)

*Work Phone

732

- 546

- 6819

Ext:

*Email

Kertllc@gmail.com

Position

Business Hours Point-of-Contact

*Search Contact

Snyder, Ken (552001)

*Work Phone

732

- 546

- 6819

Ext:

*Email

Kertllc@gmail.com

Position

After Hours Point-of-Contact

*User

Snyder, Ken (552001)



*Work Phone

732

- 546

- 6819

Ext:

*Email

Kertllc@gmail.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

KS

*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

KS

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

KS

Section 8.1

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

*Initials

KS

Section 8.1

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

*Initials

KS

Section 8.1

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

*Initials

KS

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
[New]	1	FJFB04	3C6TRVNGXLE109297	Yes
[New]	2	79FVJW	3C6LRVDGXSE534275	Yes
[New]	3	IPUP54	3C6TRVPG1HE503548	Yes

Personnel (Form D)

Section 1

megggers	User	Position
552003	Muniram, Narine Datt (552003)	
552001	Snyder, Ken (552001)	WCT Admin Support
552002	Turabova, Dilshoda MARUFOVNA (552002)	

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

BVR8407465-01

Issued Date

08/01/2025 Today

Expiration Date

08/01/2026 Today

*Insurance Verification

Change File Pinellas County, A Political Subdivision of t_KERT, LLC_26-27 GL 25-26 AUTO_5-5-2026_283099206.pdf

Name

Insurance Verification

Document Type

Insurance Verification ▼

Certificate of Incorporation

*Certificate of Incorporation

Change File 20260506064752.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation ▼

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) KERT LLC RETAIL RATE SHEET.pdf

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

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/06/2026

[Today](#)

*Signature

Signed on May 6, 2026 5:28:07 PM by Ken Snyder



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2026

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).

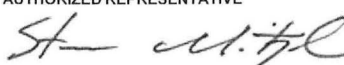
PRODUCER MORROW INSURANCE GROUP 19008 N DALE MABRY HWY LUTZ FL 33548	CONTACT NAME: CYNTHIA THOMAS PHONE (A/C, No, Ext): 813-963-1669 FAX (A/C, No): 813-961-3743 E-MAIL ADDRESS: cynthia@morrowinsurance.net	
	INSURER(S) AFFORDING COVERAGE	
INSURED KERT, LLC Kenneth Snyder 1120 East Kennedy Blvd. Tampa FL 33602	KERTL-1	INSURER A : SCOTTSDALE INSURANCE CO. NAIC # 41297 INSURER B : Mitsui Sumitomo Insurance COA 20362 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 283099206 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS8354620	1/10/2026	1/10/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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			BVR8407465-01	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Loading & Unloading Sexual Abuse			CPS8354620	1/10/2026	1/10/2027	AGGREGATE 30,000 AGGREGATE 50,000

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

CERTIFICATE HOLDER Pinellas County, A Political Subdivision of the State of Florida 400 S. Ft Harrison Ave Clearwater FL 33756	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 

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Electronic Articles of Organization
For
Florida Limited Liability Company

L15000175236
FILED 8:00 AM
October 14, 2015
Sec. Of State
cmustain

Article I

The name of the Limited Liability Company is:

KERT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

9864 BOSQUE CIR
TAMPA, FL. 33619

The mailing address of the Limited Liability Company is:

9864 BOSQUE CIR
TAMPA, FL. 33619

Article III

The name and Florida street address of the registered agent is:

BERT L WILLIAMS
7135 32ND AVE N
ST PETERSBURG, FL. 33710

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BERT L. WILLIAMS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
BERT L WILLIAMS
7135 32ND AVE N
ST PETERSBURG, FL. 33710

Title: MGRM
KENNETH T SNYDER
9864 BOSQUE CIR
TAMPA, FL. 33619

L15000175236
FILED 8:00 AM
October 14, 2015
Sec. Of State
cmustain

Signature of member or an authorized representative

Electronic Signature: KENNETH T. SNYDER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

KERT LLC RETAIL RATE SHEET

AMBULATORY	\$65.00
WHEELCHAIR	\$65.00