Pinellas County EMS & FIRE ADMINISTRATION

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: Rydepoint Medical Transport	HOURS OF OPERATION: ☐24-HOUR 4 A.M. to 1130 ☑A.M. / ☑P.M.
ADDRESS 1: 11618 Highbury Way	PHONE:
ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE: Tampa, FL 33626	
OFFICER/DIRECTOR NAME & TITLE: Samiul Hoque	PHONE NUMBER & E-MAIL: 774-519-9960
VICE OFFICER/DIRECTOR NAME & TITLE: Todd Blackwood	PHONE NUMBER & E-MAIL: 813-753-8598
BUSINESS HOURS POINT-OF-CONTACT: Paul Singh	PHONE NUMBER & E-MAIL: 727-248-2794, ops@rydepoint.com
AFTER HOURS POINT-OF-CONTACT: Paul Singh	PHONE NUMBER & E-MAIL: 727-248-2794

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: 6/10/2026

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 6/10/2026 by Paul Singh, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL) IDAMARIS ROSA Notary Public - State of Florida Commission # HH 331991 My Comm. Expires Nov 14, 2026 Bonded through National Notary Assn.

Idamaris Rosa
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

Cover Page

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the noterized the COPCN Notary Form here

Change File COPCN.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	☑	
Stretcher Transport	☑	
ALS Helicopter	☐	
ALS Interfacility	☐	
ALS Non-Transport	☐	
ALS Transport	☐	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- ○ Sole Proprietor
- ○ Partnership
- ○ Non-Profit Corporation
- ◉ Corporation

Organization Type

Corporation

Company Information (Form A)

Company Information

Organization Name

Rydepoint Medical Transport, LLC

*Street 1

11618 Highbury Way

Street 2

*Postal Code

33626

City

Tampa

State

Florida

Phone

813 - 753 - 8598 Ext:

Fax

- -

*Hours of operation

4am-1100p

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

Hoque, Samiul

*Work Phone

774 - 519 - 9960 Ext:

Email

ops@rydepoint.com

Position

☑ Vice Officer/Director

*Search Contact

Hoque, Samiul

*Work Phone

774 - 519 - 9960 Ext:

*Email

ops@rydepoint.com

Position

☑ Business Hours Point-of-Contact

*Search Contact

Walls, Tyler

*Work Phone

706 - 297 - 4692 Ext:

*Email

tyler.b.walls88@gmail.com

Position

☑ After Hours Point-of-Contact

*User

Walls, Tyler

*Work Phone

727 - 248 - 2794 Ext:

*Email

psingh2@tampabay.rr.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

PS

*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

PS

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

PS

Section 8.1

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

*Initials

PS

Section 8.1

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

*Initials

PS

Section 8.1

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

*Initials

PS

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
[New]	2	RMHX65	2C4RDGCG0HR574032	Yes
[New]	3	RRBK13	NM0GE9E23L1473899	Yes
[New]	4	FQXC03	2C4RDGCG6HR625758	Yes
[New]	5	FQXC10	1FBZX2CM3FKA59624	Yes

Personnel (Form D)

Section 1

meggers	User	Position
	Blackwood, Todd (none)	WCT Admin Support
	Hoque, Samiul (none)	WCT Admin Support, Officer/Director
558001	Nguyen, Hung N (558001)	
	Walls, Tyler (none)	WCT Admin Support
		WCT Admin Support

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

CICFL000245-04

Issued Date

04/20/2026 Today

Expiration Date

04/20/2027 Today

***Insurance Verification**

Change File Insurance Rydepoint.pdf

Name

Cable Insurance

Document Type

Insurance Verification

Certificate of Incorpation

***Certificate of Incorporation**

Change File COI GENERAL LIABILITY ACCESS2CARE (2).pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

Change File Rydepoint Rate Sheet_2026.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

06/10/2026 Today

*Signature

Signed on May 14, 2026 8:11:51 AM by Samiul Hoque

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/12/2026

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 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: Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	CONTACT NAME: Cable Underwriters PHONE (A/C, No, Ext): (954) 563-3000 FAX (A/C, No): E-MAIL ADDRESS: certificate@cableinsurance.com
INSURED: RYDEPOINT MEDICAL TRANSPORT, LLC 7904 BALLY MONEY RD Tampa FL 33610	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : CABLE INSURANCE COMPANY — 16572 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY			CICFL000245-04	04/20/2026	04/20/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 300,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[X] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[X] SYM 2,8,9							$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

NATURE OF INTEREST: CERTIFICATE HOLDER

CERTIFICATE HOLDER

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA
400 SOUTH FORT HARRISON AVENUE
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

Michael Gaskin

Rydepoint Medical Transport Rates

RydePoint
MEDICAL TRANSPORT SERVICES

	Weekday	Weekend	Holiday
Wheelchair – Base Rate	$45 - $50	$75 - $90	$85 - $100
Additional Mileage Fees	$3 - $5 per mile	$5 - $7 per mile	$5 - $10 per mile
Wait-time Fees (per 30 mins)	$15 - $30	$15 - $30	$15 - $30
Additional Attendant Fees	$5 - $10	$5 - $10	$5 - $10