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:	HOURS OF OPERATION: ☑ 24-HOUR
WHC CLW LLC d/b/a zTrip	A.M. to ____ ☐ A.M. / ☐ P.M.
ADDRESS 1:	PHONE:
17174 US Highway 19 N	727.507.2669
ADDRESS 2:	FAX:
	727.539.8492
CITY, STATE, ZIP CODE:	
Clearwater, FL 33764	

OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Michael Dean VP Operations	727.507.2669 michael.dean@ztrip.com
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: 5.15.2026

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 5/15/2026 by Michael Dean, who is/are personally known to me or has/have produced _____ as identification.

DEBRA J STEPHENSON
Notary Public - State of Florida
Commission # HH 292666
My Comm. Expires Aug 13, 2026
Bonded through National Notary Assn.

(SEAL) [signature]

Debra J Stephenson
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: WHC CLW LLC

Date: 05.14.26

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

Pinellas County
EMS & FIRE ADMINISTRATION

WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: WHC CLW LLC

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. 633	CXO4FJ	2C4RC1DG7MR564879													
2. 634	CS25YN	2C4RC1DG2MR604012													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: _____ Date: _____

Pinellas County
EMS & FIRE ADMINISTRATION

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

Name of Service: WHC CLW LLC 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.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. To Be Determined				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY): 07/31/2025

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
WHC CLW, LLC
DBA: zTrip, Car 7, Inc, Red Cab, Inc, Taxi Leasing, LLC and
Yellow Cab 727, LLC and Bay Area Metro,LLC
17174 US Highway 19 N
Clearwater , FL 33764

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C: - Company #27876

COVERAGES | **"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"** | **788532**

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
☐ **Commercial Liability** ☐ Claims Made ☐ Exclude Products ☐ Exclude Completed Operations				
☑ **Commercial Auto Liability** ☐ Any Auto ☐ All Owned Autos ☑ Scheduled Autos ☐ Hired Autos ☐ Non-Owned Autos ☐ Drive Away ☐	PC25073994	07/30/2025	07/30/2026	$125,000 Per Person $300,000 Per Accident $50,000 Property Damage
☐ **Commercial Garage Liability** ☐ G.K.L.L. ☐ O.T.R.P.D. ☐ D.O.C. ☐ Cargo ☐ On Hook ☐ Contractual Liability Indemnification ☐ Wrongful Repossession ☐ Exclude Completed Operations ☐ Exclude Products ☐ Claims Made				
☐ **Excess Liability** ☐ Claims Made				

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED
Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

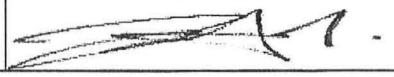
☑ CERTIFICATE HOLDER ☑ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ WAIVER OF SUBROGATION ☐ PRIMARY AND NON-CONTRIBUTORY

Pinellas County, a Political Subdivision of the State of Florida

400 S. Fort Harrison Ave
Clearwater , FL 33756

SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE STATED EXPIRATION DATE OR BE OTHERWISE AMENDED, THE CERTIFICATE HOLDER MAY NOT RECEIVE WRITTEN NOTICE. THE INSURER AND ITS AGENTS AND REPRESENTATIVES HAVE NO OBLIGATION OR LIABILITY OF ANY KIND TO A CERTIFICATE HOLDER WHO RELIES ON THE INFORMATION PROVIDED BY THIS CERTIFICATE

AUTHORIZED REPRESENTATIVE



UDA-F-030 14FEB2020

ADDITIONAL INSURED ENDORSEMENT

ACA-01-02-FL

This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!

Subject to all other terms and conditions of the Policy and all applicable Limits of Liability, the following changes to the Policy are made.

A. The following is added to **SECTION III - WHO IS AN INSURED** of the Policy:

C. For purposes of **SECTION I - LIABILITY COVERAGE** only, an "Insured" is also the person or organization identified below and scheduled in this Endorsement as an Additional Insured.

Policy Number: PC25073994

Named Insured: WHC CLW, LLC

D.B.A. zTrip, Car 7, Inc, Red Cab, Inc, Taxi Leasing, LLC and Yellow Cab 727, LLC and Bay Area Metro,LLC

Effective Date of the Endorsement: 07/30/2025

Additional Insured: Pinellas County, a Political Subdivision of the State of Florida

400 S. Fort Harrison Ave

Clearwater, FL 33756

B. Coverage provided to the above-identified Additional Insured is subject to the following:

The insurance afforded to the Additional Insured scheduled in this Endorsement is limited to liability arising from the Named Insured's business operations and only covers the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Named Insured and only to the extent the Named Insured would have been liable and coverage would have been afforded to the Named Insured under the terms and conditions of the Policy had such Claim been made against the Named Insured.

The Named Insured is obligated to provide the Additional Insured with a copy of the Policy, the Endorsements and all related documents providing coverage. The Additional Insured is subject to the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Named Insured and all related documents providing, limiting, excluding, modifying, or otherwise impacting coverage to the Named Insured. Failure of the Named Insured to adhere to any such provisions will defeat coverage under the Policy for all Additional Insureds.

Coverage is to be construed and enforced in accordance with the laws of the state where the Policy was issued. The Named Insured has consented to the jurisdiction of the courts of the state where the Policy is issued and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

WHC CLW, LLC

2 Business name/disregarded entity name, if different from above.

zTrip

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . P

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

P.O. Box 7412695

Requester's name and address (optional)

6 City, state, and ZIP code

Chicago, IL 60674-2527

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [signature] Date 3/31/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Detail by Entity Name

Florida Limited Liability Company
WHC CLW, LLC

Filing Information

Document Number	L25000271741
FEI/EIN Number	N/A
Date Filed	06/10/2025
State	FL
Status	ACTIVE

Principal Address

1300 LYDIA AVE
KANSAS CITY, MO 64106

Mailing Address

1300 LYDIA AVE
KANSAS CITY, MO 64106

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Member

WHC WORLDWIDE, LLC
1300 LYDIA AVE
KANSAS CITY, MO 64106

Title Authorized Member

George, William M
1300 LYDIA AVE
KANSAS CITY, MO 64106

Annual Reports

Report Year	Filed Date
2026	04/27/2026

Document Images

04/27/2026 -- ANNUAL REPORT	View image in PDF format
06/10/2025 -- Florida Limited Liability	View image in PDF format

WHEELCHAIR RATES

Effective June 1st 2026

Initial Drop Fee $35.00

Mileage Rate $ 2.50