



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

July 1, 2017 – June 30, 2018

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: West Coast Transportation Services Inc dba Yellow Cab dba Ridewyse
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 4413 N. Hesperides St
PHONE: 813 253 8871
ADDRESS 2:
FAX: 813 964-3698
CITY, STATE, ZIP CODE: Tampa, FL 33614
OFFICER/DIRECTOR NAME & TITLE: Louis A. Minardi, President
PHONE NUMBER & E-MAIL: 813 917 7946 Louise.YellowCab@tampabay.com
VICE OFFICER/DIRECTOR NAME & TITLE: Glenn Minardi
PHONE NUMBER & E-MAIL: 813 917 7992 Glenn@yellowcabof.com
BUSINESS HOURS POINT-OF-CONTACT: David Bean
PHONE NUMBER & E-MAIL: 813 532-5248
AFTER HOURS POINT-OF-CONTACT: All of the above
PHONE NUMBER & E-MAIL: 727-422-7402 davidbean@yellowcabof.com

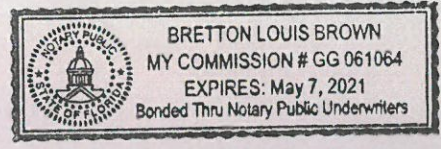
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 7/11/18

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 11th day by Louis A. MINARDE, of July, 2018 who is/are personally known to me or has/have produced n/a as identification.



(SEAL)

(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: Nest Coast Transportation Services, Inc dba RideWise

Date: 7/11/18

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>/</u> <u>L</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>L</u> <u>L</u> <u>L</u> <u>L</u> <u>L</u> <u>L</u> <u>L</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>L</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>L</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>L</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: West Coast Transportation Services Inc dba Rideumpse Page: \_\_\_\_\_ of \_\_\_\_\_

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. 6	CYCB15	2C4RDGBG4EK411672	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 44	1482XK	2C4RC1BGCCR423248	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 98	8379PV	2C4RDGCG00R717118	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: West Coast Transportation Service In Old Ridgewy ee Page:        of       

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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. Jessica Batista	B323-429-77-804-0	8/29/2018	8/29/1977	
3. Saunta Campbell	C514-784-65-916-0	11/16/2025	11/16/1965	
4. Edwin R Matteson	M325-216-65-191-0	5/31/2021	5/31/1965	
5.				
6.				
7.				
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11.				
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13.				
14.				
15.				
16.				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/12/2018

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  <b>COVER ME INSURANCE AGENCY OF NJ, INC.</b> 610-618 W. ST. GEORGES AVENUE LINDEN, NJ 07036 PH:908-587-2500 908-587-1681 FAX	CONTACT NAME <b>COVER ME INSURANCE AGENCY OF NJ INC</b>	PHONE (A/C No. Ext): <b>908-275-4510</b>	FAX (A/C No.): <b>908-587-1683</b>
	E-MAIL ADDRESS: <b>ANGIE@CHICINSURANCE.COM</b>		
ADDITIONAL INSURED  <b>WEST COAST TRANSPORTATION SERVICES INC</b> DBA YELLOW CAB DBA RYDEWISE 4413 N HESPERIDES STREET TAMPA, FL 33614	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>STATE NATIONAL INSURANCE COMPANY</b>		<b>12831</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGE CERTIFICATE NUMBER: 207073 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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MIT-0220-01	1/23/2018	1/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 125,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000
<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTHER 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)

SEE ATTACHED LIST OF VEHICLES

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA</b> 400 S FORT HARRISON AVE CLEARWATER, FL 33756	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  <i>[Signature]</i>

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