



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: National NEMT LLC
HOURS OF OPERATION: [x] 24-HOUR
ADDRESS 1: 3051 Tech Drive Ste 100
PHONE: 877-628-6368
ADDRESS 2:
FAX: 855-505-5055

CITY, STATE, ZIP CODE: St Petersburg, FL 33710

OFFICER/DIRECTOR NAME & TITLE: Michael Schwegman
PHONE NUMBER & E-MAIL: 877-628-6368

VICE OFFICER/DIRECTOR NAME & TITLE:
PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: Michael Schwegman
PHONE NUMBER & E-MAIL: 877-628-6368

AFTER HOURS POINT-OF-CONTACT: Michael Schwegman
PHONE NUMBER & E-MAIL: 877-628-6368

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: 4.14.26

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this April 14, 2026 by Michael Schwegman, who is/are personally known to me or has/have produced Driver's License as identification.



PATRICIA S. WERNER
Commission # HH 481035
Expires January 15, 2028

[Signature of Patricia S. Werner]

(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 Notary form.jpg

Name

Document Type

COPCN (Form A)

Section 1

Application Type

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

Type of Entity

*Type of Entity

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

Organization Type

Corporation

Company Information (Form A)

Company Information

Organization Name

National NEMT, LLC

*Street 1

3051 Tech Drive

Street 2

Suite 100

*Postal Code

33716

City

Saint Petersburg

State

Florida

Phone

877

-

628

-

6368

Ext:

Fax

-

-

*Hours of operation

24/7

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

Schwegman, Michael

*Work Phone

877

-

628

-

6368

Ext:

Email

mike@nationalNEMT.com

Position

Vice Officer/Director

*Search Contact

Schwegman, Michael



*Work Phone

877

-

628

-

6368

Ext:

*Email

mike@nationalNEMT.com

Position

Business Hours Point-of-Contact

*Search Contact

Schwegman, Michael



*Work Phone

877

-

628

-

6368

Ext:

*Email

mike@nationalNEMT.com

Position

After Hours Point-of-Contact

*User

Schwegman, Michael



*Work Phone

877

-

628

-

6368

Ext:

*Email

mike@nationalNEMT.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

MS

*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

MS

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

MS

Section 8.1

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

*Initials

MS

Section 8.1

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

*Initials

MS

Section 8.1

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

*Initials

MS

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
[New]	11	20EXJN	2C4RC1FG4RR12090	Yes
[New]	1	95FBAG	1FBAX2C83NKA11667	Yes
[New]	2	94FBAG	1FBAX2C86NKA17947	Yes
[New]	8	DY73RE	1FBAX2C8XNKA17949	Yes
[New]	9	DY72RE	1FBAX2C88NKA17948	Yes
[New]	10	FIZK20	1FDAX2C80RKB82017	Yes
[New]	12	52FZVB	1FBZX2CG6GKB17690	Yes
[New]	3	EAN9174	2C4RDGCGXKR717401	Yes
[New]	14	46EXJN	2C4RC1FGXRR137006	Yes

Personnel (Form D)

Section 1

meggors	User	Position
<input type="checkbox"/> 000000	Baldwin, Christopher (000000)	
<input type="checkbox"/> 000000	Ghali, Islam (none)	
<input type="checkbox"/> 000000	Resper, Javier (none)	
<input type="checkbox"/> 000000	Schwegman, Michael (none)	WCT Admin Support
<input type="checkbox"/> 000000	Stapleton, Jeremy (none)	
<input type="checkbox"/>		

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

01-C-PK-P20168139-0

Issued Date

03/19/2026 Today

Expiration Date

03/19/2027 Today

*Insurance Verification

Updated Insurance 4.14.26.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

Articles of Organization.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) National NEMT 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

[Change File](#) Articles of Organization.pdf

Name
Certification of Fictitious Name

Document Type
Certification of Fictitious Name

Signature

Signature

*Today's Date

04/15/2026 [Today](#)

*Signature

Signed on Apr 15, 2026 2:03:23 PM by Michael Schwegman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2026

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 Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	CONTACT NAME: Professional Insurance Center PHONE (A/C, No, Ext): (813)251-4900 E-MAIL ADDRESS: Professional-Insurance@piconline.com	FAX (A/C, No): (813)253-2676
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED NATIONAL NEMT, LLC. 3051 TECH DR N STE 100 ST PETERSBURG, FL 33716	INSURER A: ATEGRITY SPECIALTY INSURANCE COMPANY		16427
	INSURER B: CABLE INSURANCE COMPANY		16572
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2910

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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		N	01-C-PK-P20168139-0	3/17/2026	3/17/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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 NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		✓ N	CICFL002184-01	3/19/2026	3/19/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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) Continued on Attached Supplement.

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED
 2022 - FORD - TRANSIT 350 - 1FBAX2C83NKA11667
 2022 - FORD - TRANSIT 350 - 1FBAX2C86NKA17947
 2022 - FORD - TRANSIT - 1FBAX2C8XNKA17949
 2022 - FORD - TRANSIT - 1FBAX2C88NKA17948
 2013 - FORD - E350 - 1FTDS3EL1DDA47679
 2011 - FORD - E350 - 1FTDS3EL2BDB31295

CERTIFICATE HOLDER**CANCELLATION**

Holder's Nature of Interest : Additional Insured
 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 EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (CONTINUED) :

2024 - CHRYSLER - PACIFICA - 2C4RC1FG4RR120900
2024 - FORD - TRANSIT - 1FDAX2C80RKB82017
2016 - FORD - TRANSIT 350 - 1FBZX2CG6GKB17690
2019 - DODGE - GRAND CARAVAN - 2C4RDGCGXKR717401



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
NATIONAL NEMT, LLC

Filing Information

Document Number	L24000493979
FEI/EIN Number	33-2133358
Date Filed	11/22/2024
Effective Date	11/22/2024
State	FL
Status	ACTIVE

Principal Address

3051 Tech Dr.
STE 100
St. Petersburg, FL 33716

Changed: 02/21/2025

Mailing Address

3051 Tech Dr.
STE 100
St. Petersburg, FL 33716

Changed: 02/21/2025

Registered Agent Name & Address

LINSKY, SAMUEL
1810 KENNEDY BLVD.
TAMPA, FL 33606

Authorized Person(s) Detail

Name & Address

Title MGR

SCHOENBAUM, ADAM
3051 Tech Dr.
STE 100
St. Petersburg, FL 33716

Title Authorized Member

Schwegman, Michael
3051 Tech Dr.
STE 100
St. Petersburg, FL 33716

Annual Reports

Report Year	Filed Date
2025	02/21/2025

Document Images

<u>02/21/2025 -- ANNUAL REPORT</u>	View image in PDF format
<u>11/22/2024 -- Florida Limited Liability</u>	View image in PDF format

Florida Department of State, Division of Corporations



NATIONALNEMT
TRUSTED TRANSPORTATION

HOURS & RATES

Regular Operating Hours

Monday – Friday

9:00 am – 5:00 pm

Wheelchair Transportation

Loading Fee \$65.00 + \$3.50 per mile

Stretcher Transportation

Loading Fee \$130.00 + \$4.00 per mile

Additional Fees (If Applicable)

- First 25 minutes of wait time included. After 25 minutes, \$1.50 per minute
- Additional passenger fee = \$55.00
- Oxygen patients = \$45.00 (must be patient provided oxygen, transport does not supply)
- Isolation patients = \$150.00
- Additional attendant fee (when required by county or patient in excess of 275lbs) = \$75.00
- After hours fee (outside of Monday-Friday, 9:00am-5:00pm) = \$45.00
- Federal Holiday Fee = \$75
- Dead mileage (based on facility location, applies to trips over 40 miles) \$1.50 per mile

Note: Additional Fees listed above are one way

877-NAT-NEMT (628-6368)

Info@NationalNEMT.com

NationalNEMT.com