



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: Sollavez Transportation LLC	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5:00 A.M. to 10:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 2951 Bayshore Pointe dr.	PHONE: (813) 300-1237
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:
Tampa, FL. 33611

OFFICER/DIRECTOR NAME & TITLE: Raul Zecillos Manager	PHONE NUMBER & E-MAIL: (813) 300-1237. sollavez.nemt@gmail.com
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VICE OFFICER/DIRECTOR NAME & TITLE: Alejandra Fabre Manager	PHONE NUMBER & E-MAIL: (813) 300-1237. sollavez.nemt@gmail.com
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BUSINESS HOURS POINT-OF-CONTACT: Alejandra Fabre 5:00 AM - 10:00 PM	PHONE NUMBER & E-MAIL: (813) 300-1237. sollavez.nemt@gmail.com
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AFTER HOURS POINT-OF-CONTACT: Alejandra Fabre	PHONE NUMBER & E-MAIL: (813) 300-1237. sollavez.nemt@gmail.com
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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: 09/20/2022
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STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 09-20-2022 by Alejandra Fabre, who is/are personally known to me or has/have produced Driver License 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: Sollavez Transportation LLC.

Date: 9/20/22

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Sollavez Transportation Page: 1 of 1

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/trust 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. 1	45BEYJ	FL4P24278167962	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.															
3.															
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11.															
12.															

EMS INSPECTOR: *J Murphy*

Date: 10/13/22



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

Name of Service: Sollavez Transportation 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	Zevallos, Raul	2142-721-85-100-0 FL	03/20/2030	03/20/1985	
2	Fabre Enriquez, Alejandra	F165-000-87-910-0 FL	11/10/2030	11/10/1987	
3					
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14					
15					
16					



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

Detail by Entity Name

Florida Limited Liability Company
SOLLAVEZ TRANSPORTATION LLC

Filing Information

Document Number	L21000525476
FEI/EIN Number	87-3968110
Date Filed	12/14/2021
Effective Date	12/13/2021
State	FL
Status	ACTIVE

Principal Address

1522 GRAND ISLE DRIVE
BRANDON, FL 33511

Mailing Address

2951 Bayshore Pointe dr
Tampa, FL 33611

Changed: 03/01/2022

Registered Agent Name & Address

ZEVALLOS, RAUL
1522 GRAND ISLE DRIVE
BRANDON, FL 33511

Address Changed: 03/01/2022

Authorized Person(s) Detail

Name & Address

Title MGR

ZEVALLOS, RAUL
1522 GRAND ISLE DRIVE
BRANDON, FL 33511

Title MGR

Fabre, Alejandra

2951 Bayshore Pointe dr
Tampa, FL 33611

Annual Reports

Report Year	Filed Date
2022	03/01/2022

Document Images

03/01/2022 - ANNUAL REPORT	View image in PDF format
12/14/2021 - Florida Limited Liability	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

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 Inc PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : ATEGRITY SPECIALTY INSURANCE COMPANY</td> <td>16427</td> </tr> <tr> <td>INSURER B : CABLE INSURANCE COMPANY</td> <td>16572</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ATEGRITY SPECIALTY INSURANCE COMPANY	16427	INSURER B : CABLE INSURANCE COMPANY	16572	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 2506 **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.

INSTR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	✓	N	01-C-PK-P20052641-0	4/25/2022	4/25/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	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		\$
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	\$																				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	✓	N	CICFL000248-0	4/25/2022	4/25/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%;">PER STATUTE</td> <td style="width: 20%;">OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$</td></tr> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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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)

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED
 2007 - DODGE - CARAVAN - 1D4GP24R37B166237

CERTIFICATE HOLDER 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	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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(813) 300-1237

NEMT Rates

One-Way

Ambulatory

\$
30

Up to 10 miles

Select

- ✓ \$1.35/extra mile
- ✓ Weekends & Off-hours*:
- ✓ \$35 up to 10 miles
- ✓ \$1.65/extra mile



Wheelchair

\$
55

Up to 10 miles

Select

- ✓ \$2/extra mile
- ✓ Weekends & Off-hours*:
- ✓ \$85 up to 10 miles
- ✓ \$3/extra mile



Stretcher

\$

120

Up to 10 miles

Select

- ✓ \$4/extra mile
- ✓ Weekends & Off-hours*:
- ✓ \$185 up to 10 miles
- ✓ \$5/extra mile



Interpretation

\$
40
/hour

Select

- ✓ \$1/mile
- ✓ Weekends & Off-hours*:
- ✓ call for pricing



We can always
accommodate last
minute service requests

Additional rates

Waiting time fees /hour: Ambulatory
- \$25, Wheelchair - \$35, Stretcher -
\$50

No-show fees: Ambulatory - \$25,
Wheelchair - \$35, Stretcher - \$50,
Interpretation - \$40 + mileage

Pick-up waiting time: \$1/minute
after 20 minute grace waiting
period

Hospital discharge: \$30

Rates are based on short-distance
trips (up to 50 miles). For long-
distance trips, please call our
dispatch department

Discounts may apply for recu
patients (3 or more rides per v

Holiday rates may vary

*Off-hours: From 5:30 pm to 7:30 am
ET



Call us today on **(813) 300-1237**



Email:

sollavez.nemt@gmail.com



More info >>



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