



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: <u>Ancla Transportation</u>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <u>6406 68th Ave N</u>		PHONE:
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <u>Pinellas Park, FL, 33781</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Anniel Quesada/owner</u>	PHONE NUMBER & E-MAIL: <u>727-557-9664/anclaqv@gmail.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE: <u>Claudia Varela/owner</u>	PHONE NUMBER & E-MAIL: <u>727-851-0638/anclaqv@gmail.com</u>	
BUSINESS HOURS POINT-OF-CONTACT: <u>8AM - 5PM</u>	PHONE NUMBER & E-MAIL: <u>727-851-0638</u>	
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	

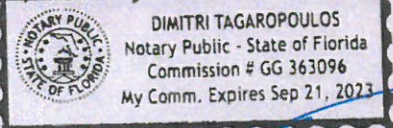
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: Claudia V. Anniel Quesada DATE: 12/27/19 03-06-2020

STATE OF FLORIDA
COUNTY OF Pinellas Pasco

Subscribed and sworn to (or affirmed) before me this 3/6/2020 by Anniel Quesada, who is/are personally known to me or has/have produced FL DL as identification.



(SEAL) Dimitri Tagaropoulos
(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: ANCLA TRANSPORTATION LLC

Date: 12-29-2019

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>AQ CV</u> <u>AQ CV</u>
8.1	Written record contains: <ul style="list-style-type: none">• 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)	<u>AQ CV</u> <u>AQ CV</u> <u>AQ CV</u> <u>AQ CV</u> <u>AQ CV</u> <u>AQ CV</u> <u>AQ CV</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>AQ CV</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>AQ CV</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>AQ CV</u>



WHEELCHAIR VEHICLE ROSTER
 Pinellas County Rules and Regulations, as Amended

Name of Service: Ancla Transportation

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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.	1	IYCW51 2D4RN3DG2BR637744	X	X	X	X	X	X	X	X	X	X	X	X	X
2.															
3.															
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11.															
12.															

EMS INSPECTOR: _____ Date: _____

