



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY July 1, 2019– June 30, 2020**

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: <b>MEDFLEET INC</b>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR <sup>TRANSPORT</sup> 7 A.M. to 5 P.M. (office) <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M. (office)
ADDRESS 1: <b>5334 SUNSET RD</b>		PHONE: <b>727-849-6849</b>
ADDRESS 2:		FAX: <b>727-376-7512</b>
CITY, STATE, ZIP CODE: <b>NEW PORT RICHEY, FL 34652</b>		
OFFICER/DIRECTOR NAME & TITLE: <b>BROOKE TAYLOR</b>	PHONE NUMBER & E-MAIL: <b>727-849-6849 ext 709 btaylor@medfleet.com</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>ANDREW WILLIAMS</b>	PHONE NUMBER & E-MAIL: <b>727-849-6849 ext 701 andrew@williamstrans.com</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>BROOKE TAYLOR</b>	PHONE NUMBER & E-MAIL: <b>727-849-6849 ext 709 btaylor@medfleet.com</b>	
AFTER HOURS POINT-OF-CONTACT: <b>BROOKE TAYLOR</b>	PHONE NUMBER & E-MAIL: <b>727-789-0911 btaylor@medfleet.com</b>	

**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.

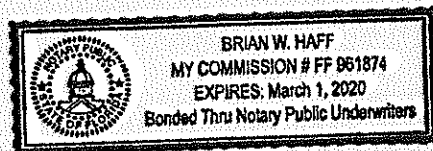
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: 	DATE: <b>03/28/19</b>
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STATE OF FLORIDA  
COUNTY OF PINELLAS

Subscribed and sworn to (or affirmed) before me this 3/28/19 by Brooke Taylor, who is/are personally known to me or has/have produced \_\_\_\_\_ 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: MEDFLEET

Date: 03/28/19

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



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

Name of Service: MEDFLEET INC

Page: 1 of 3

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	BELL, KIMBERLEY	B400-500-78-761-0	2018-07-21	1978-07-21	571845
2	BORTH, GARRETT	B630-297-90-293-0	2021-08-13	1990-08-13	571467
3	BOUGIE, ROBERT	B200-778-96-014-0	2020-01-14	1/14/1996	572068
4	CUNNINGHAM, CATRINA,	C552101838010	2026-08-21	8/21/1983	571804
5	DOLDING, BRIAN,	D435-070-92-201-0	2022-06-01	6/1/1992	572054
6	EAGAN, THOMAS,	E250-839-91-204-0	2021-06-04	6/4/1991	572048
7	FERRIER, DAVID,	F660173781850	2023-05-25	5/25/1978	571782
8	GILCHREST, TAYLOR,	G426-813-97-926-1	2026-11-26	11/26/1997	572077
9	GOPIE, NICHOLA,	G100-634-80-789-0	2027-08-09	8/9/1980	572067
10	INMAN, JEANETTE	I550-425-89-952-0	12/12/2026	12/12/1989	572095
11	HOLDEN, TIMOTHY,	H435-813-86-385-0	2023-10-25	10/25/1986	571837
12	HOLT, DONALD,	H430186672210	2020-06-21	6/21/1967	571698
13	JUPSON, JOHN,	J125468903290	2019-09-09	9/9/1990	571752
14	KEEN, CHRISTAIN,	K500112834180	2019-11-18	11/18/1983	571783
15	LUDWIG, JOSEPH,	L320485952970	2021-03-17	8/17/1995	571696
16	MELVIN, JOSELYNN,	M415-421-95-885-0	2025-10-25	10/25/1995	572055



**STRETCHER VAN ROSTER**  
Pinellas County Rules and Regulations, as Amended

Name of Service: MEDFLEET INC

Page: 1 of 1

**\*Such vehicles may not be equipped, marked or operated as an Ambulance\***

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/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, fairs, backup	Interior clean, sanitary and in good working order
1. 405	DIBM07	1FMZK1CM9GKB18807	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 406	GZJT83	1FMZK1CM2GKB18812	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 407	U1315C	1FTYR2CM3GKB06976	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 408	IMKY10	1FTYR2CM2HKA02089	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 409	IMKY09	1FTYR2CM2HKA02089	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 415	EXIB12	1FTYE2CM2JKB21956	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 416	Z65CZV	1FTYE2CM4JKB21957	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: *J. Murphy*

Date: 5.20.19



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

Name of Service: MEDFLEET INC Page: 2 of 3

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.	MILLER, ERIK,	M460216894150	2019-11-15	11/15/1989	571219
2.	PEREZ, NOEL,	P620620952140	2021-06-14	6/14/1995	571641
3.	PEREZ, ZAIVETTE,	P620980917490	2025-07-09	7/9/1991	571631
4.	PRATZ, MIKE	P632543742557	2026-07-15	7/15/1974	571093
5.	REEVE, MICHAEL,	R100555620840	2019-03-14	3/14/1962	571744
6.	RODRIGUEZ, ANGEL,	R362-000-87-029-0	2026-01-29	1/29/1987	572071
7.	ROJERO, ANN MARIE,	R260-011-95-827-0	2019-09-07	9/7/1995	572050
8.	SANDORA-DICKENSON, JULIUS,	S536-436-92-100-1	2022-03-20	3/20/1992	571554
9.	SMITH, CHRISTOPHER,	S530-112-87-469-0	2026-12-29	12/29/1987	571956
10.	<i>BLANK - TERMED FORMER EMPLOYEE</i>	—	—	—	—
11.	STEWART, FRANK,	S363262523870	2022-10-27	10/27/1952	571484
12.	SUAREZ AMITA, ANDY,	S625-013-96-244-0	2024-07-04	7/4/1996	572064
13.	SWINDELL, CODY,	S534-111-96-429-0	2021-11-29	11/29/1996	571963
14.	VASQUEZ, RAY,	V220-732-96-362-0	2024-10-02	10/2/1996	571832
15.	VAZQUEZ-ROSA, HELIANYS,	V226-320-98-722-2	2025-06-22	6/22/1998	572076
16.	VICKERS, NOAH,	V262-627-81-350-0	2020-09-30	9/30/1981	571850



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

Name of Service: MEDFLEET INC Page: 3 of 3

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.	WATTS, JOSHUA,	W320-427-90-191-0	2021-05-31	5/31/1990	571955
2.	WEEKS, JUSTIN,	W200421943630	2021-10-03	10/3/1994	571621
3.	WILLAMAN, DANIEL,	W455-161-61-141-0	2027-04-21	4/21/1961	572079
4.	WILSON, JASON,	W425424732020	2025-06-02	6/2/1973	571725
5.	WITTMER, SCOTT,	W356781851370	2025-04-17	4/17/1985	571768
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/17/2018

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 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).

Table with 2 columns: PRODUCER (Research Underwriters, 4240 Greensburg Pike, Pittsburgh, PA 15221) and CONTACT INFORMATION (PHONE, FAX, E-MAIL ADDRESS). Includes INSURER(S) AFFORDING COVERAGE table with TDC Specialty Insurance Company and Global Liberty Insurance Company of New York.

COVERAGES CERTIFICATE NUMBER: 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.

Main table listing insurance coverages including Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Professional Liability. Columns include INSR LTD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), and LIMITS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional) Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: Pinellas county, a Political Subdivision of the State of Florida, 400 S Fort Harrison Ave, Clearwater, FL 33056

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 signature.