



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: VCARE MEDICAL TRANSPORT, LLC
HOURS OF OPERATION: 7 A.M. to 7pm
ADDRESS 1: 1936 Bruce B. Downs Blvd.
ADDRESS 2: Suite 470
PHONE: 813-609-2460

CITY, STATE, ZIP CODE: Wesley Chapel, FL 33543

OFFICER/DIRECTOR NAME & TITLE: Hardeep Dhaliwal
PHONE NUMBER & E-MAIL: 813-609-2460 Vcaredmedicaltransport@gmail.com

VICE OFFICER/DIRECTOR NAME & TITLE: Gursharan Johal
PHONE NUMBER & E-MAIL: 727-487-1565 Vcaredmedicaltransport@gmail.com

BUSINESS HOURS POINT-OF-CONTACT: Hardeep Dhaliwal
PHONE NUMBER & E-MAIL: 813-609-2460 same as above.

AFTER HOURS POINT-OF-CONTACT: Hardeep Dhaliwal
PHONE NUMBER & E-MAIL: 813-609-2460 same as above.

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: 9/24/19

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 9/24/19 by Hardeep Dhaliwal, who is/are personally known to me or has/have produced FL ID as identification.



(SEAL) J. Kelly Jessica Kelly

(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: VCARE MEDICAL TRANSPORT, LLC

Date: 10/4/19

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



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

Name of Service: V-Care Medical 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/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, tails, backup	Interior clean, sanitary and in good working order
<i>Pending</i>															
1.	NAVW74	1FDZX2CM5FKA44744	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	NAVW73	1FDZX2CM9FKA44744	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.															
4.															
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9.															
10.															
11.															
12.															

EMS INSPECTOR: *Craig L...* Date: \_\_\_\_\_



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

Name of Service: VCARE MEDICAL TRANSPORT 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.	GURSHARAN, SINGH	J400-297-79-311-0	9-21-25	9-21-79	
2.	DHALIWAL, HARDEEP	D440-320-68-2290	6-29-25	6-29-68	
3.					
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16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/04/2019

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).

<p><b>PRODUCER</b></p> <p>DATTANI AND PATEL INSURANCE GROUP LLC PO BOX 593429 ORLANDO, FL 32859</p>	<p><b>CONTACT NAME:</b> SATYAM PATEL</p> <p><b>PHONE (A/C, No. Ext):</b> 407-353-0454    <b>FAX (A/C, No):</b> 407-530-0184</p> <p><b>E-MAIL ADDRESS:</b> SPATEL.INSURANCE@GMAIL.COM</p>
	INSURER(S) AFFORDING COVERAGE      NAIC #
<p><b>INSURED</b></p> <p>VCARE MEDICAL TRANSPORT LLC 1936 Bruce B Down Blvd, Suite 470 Wesley Chapel, FL 33543</p>	<p><b>INSURER A :</b> SCOTTSDALE INSURANCE</p> <p><b>INSURER B :</b> NATIONAL INDEMNITY</p> <p><b>INSURER C :</b></p> <p><b>INSURER D :</b></p> <p><b>INSURER E :</b></p> <p><b>INSURER F :</b></p>

**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.

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="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	CPS3258550	09/23/2019	09/23/2020	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 OTHER:      \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="checked" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	X	X	74APS089167	09/09/2019	09/09/2020	COMBINED SINGLE LIMIT (Ea accident)      \$      300,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ PIP      \$      10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ OTHER:      \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE      OTH-ER 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      CANCELLATION**

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FL 400 S FORT HARRISON DR CLEARWATER, FL 33756	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Satyam H. Patel</i></p> <div style="text-align: right;"> <p style="font-size: 8px;">Verified by PDFfiller 10/04/2019</p> </div>
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