

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: A TRINITY WHEELCHAIR TRANSPORTATION		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 7 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 8343 ROYAL HART DR.		PHONE: 727-389-1438
ADDRESS 2:		FAX: HomeB124U03@AOL.com
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL, 34653		
OFFICER/DIRECTOR NAME & TITLE: GERALD GLUCK, PRESIDENT	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	
VICE OFFICER/DIRECTOR NAME & TITLE: KATHLEEN GLUCK, VICE-PRESIDENT	PHONE NUMBER & E-MAIL: 727-967-7455 HomeB124U03@AOL.com	
BUSINESS HOURS POINT-OF-CONTACT: 6AM-7PM JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	
AFTER HOURS POINT-OF-CONTACT: JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	
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: <i>[Signature]</i>		DATE: 3/15/2023
STATE OF FLORIDA COUNTY OF <u>Pasco</u>		
Subscribed and sworn to (or affirmed) before me this <u>March 15, 2023</u> by <u>Gerald J. Gluck</u> , who is/are personally known to me or has/have produced <u>Florida Driver License</u> as identification.		
(SEAL) <u>see attachment</u>		
(Name of Notary typed, printed or Form stamped)		

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
FS 117.05(13) — Effective January 1, 2020

State of Florida }
County of Pasco }

The foregoing instrument was acknowledged before me by means of

Physical Presence,

— OR —

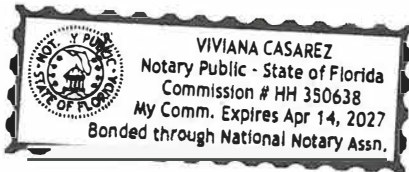
Online Notarization,

this 15 day of March, 2023, by
Date Month Year

Gerald J. Gluck
Name of Person Acknowledging

[Signature]
Signature of Notary Public — State of Florida

Viviana Casarez
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Personally known

Produced Identification

Type of Identification Produced: Florida
Driver License

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application for Certificate of Public Convenience

Document Date: 3/15/23 Number of Pages: 2 pgs

Signer(s) Other Than Named Above: N/A



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: TRINITY WHEELCHAIR TRANSPORTATION

Date: 3/5/2023

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: A TRINITY WHEELCHAIR 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/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
1. 112	BVHQ03	2D4GP44L05R195958													
2. 116	GLTA14	2D46P44L96R630266													
3. 117	GDWA96	1D4GP24R77B256507													
4. 114	KQDN38	1D4GP24R54B533263													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 4/24/2023



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

Name of Service: A Trinity Wheelchair Transportation 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.	Gluck, Gerald (Jerry)	G420-290-64-188-0	05/28/2022	05/28/1964	571196
2.	Saari, Steven	S-600-793-58-042-0	02/07/2025	02/07/1958	571200
3.	McVey Jr., John	M210-461-50-121-0	04/01/2026	04/01/1950	571498
4.					
5.					
6.					
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14.					
15.					
16.					

Named insured

TRINITY MOBILITY INC
A TRINITY WHEELCHAIR TRAN
8343 ROYAL HART DR
NEW PORT RICHEY, FL 34653

Policy number: 04047187

Underwritten by:
Progressive Express Ins Company
September 2, 2022
Policy Period: Aug 1, 2022 - Aug 1, 2023
Page 1 of 4

agent.progressive.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-727-544-8841

ARCW INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began on August 1, 2022 at 12:01 a.m. This policy expires on August 1, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 1198 (07/16), Z311 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a corporation.

Policy changes effective August 1, 2022

Changes processed on:	September 1, 2022 4:03 p.m.
Premium change:	-\$133.00
Changes:	A CDL Experience discount has been added to your policy.

The changes shown above will not be effective prior to the time the changes were requested.

2. **2006 DODGE GRAND CARAVAN** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **2D4GP44L96R630266** Garaging Zip Code: 34653 Radius: 100 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3293	\$553	\$92	\$41	
Physical Damage Premium	FT/CAC Deductible	FT/CAC Premium	Collision Deductible	Collision Premium	
	\$500	\$149	\$500	\$119	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$44			\$4,291

3. **2007 DODGE GRAND CARAVAN** Stated Amount: * \$21,000 (including Permanently Attached Equip)
 VIN: **1D4GP24R77B256507** Garaging Zip Code: 34653 Radius: 100 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3293	\$553	\$92	\$41	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$182	\$500	\$121	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$42			\$4,324

4. **2004 DODGE GRAND CARAVAN** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **1D4GP24R54B533263** Garaging Zip Code: 34653 Radius: 100 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3423	\$553	\$92	\$41	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$178	\$500	\$176	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$48			\$4,511

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.