

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: <i>On-time Transports, LLC</i>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>9 A.M. to 6pm</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>2558 Wembleycross Way</i>	PHONE: <i>407-376-3959 OR 2392</i>
ADDRESS 2: <i>Orlando, FL 32828</i>	FAX: <i>407-205-1185</i>
CITY, STATE, ZIP CODE:	

OFFICER/DIRECTOR NAME & TITLE: <i>Amanda Varmuza</i>	PHONE NUMBER & E-MAIL: <i>407-376-3959 info@on-time-transports.com</i>
VICE OFFICER/DIRECTOR NAME & TITLE: <i>Eric or Amanda Varmuza</i>	PHONE NUMBER & E-MAIL: <i>407-403-2392 Same as above</i>
BUSINESS HOURS POINT-OF-CONTACT: <i>Eric Varmuza</i>	PHONE NUMBER & E-MAIL: <i>407-403-2392 Same as above</i>
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: <i>[Signature]</i>	DATE: <i>4-11-2020</i>
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STATE OF FLORIDA  
COUNTY OF *Orange*

Subscribed and sworn to (or affirmed) before me this *04/11/2020* by *Eric Varmuza*, who is/are personally known to me or has/have produced *Driver's License* as identification.

(SEAL) *[Signature]*

NOTARY PUBLIC  
STATE OF FLORIDA  
Notary Public State of Florida  
Anthony Adams  
My Commission GG 928461  
Expires 11/03/2023

(Name of Notary typed, printed or Form stamped)

Name of Service: On-time transports, LLC

Date: 4/10/20

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones. *cell phones*	<u>AW</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>AW</u>
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>	<u>AW</u> <u>AW</u> <u>AW</u> <u>AW</u> <u>AW</u> <u>AW</u> <u>AW</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>AW</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>AW</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>AW</u>



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

Name of Service: On-Time Transports, LLC 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.

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
Y071AC	3CLTRVPGXFE520233													
Y061AC	3CLTRVPGXFE520178													
Y081AC	2C4R0GBG7GR139900													
1B86ER	1FTNS24W480B56959													



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

Name of Service: ON-Time Transports, LLC 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.

Order	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
	Y071AC	3CL6TRVPGXFE520283													
	Y061AC	3CL6TRVPGXFE520178													
	Y081AC	2C4RDGBG7GRI39900													
	1B86ER	FTNS24W48DB56959													

C-2 Rev. 02/06/2017 EMS INSPECTOR: \_\_\_\_\_ Date: \_\_\_\_\_



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

Name of Service: On-Time Transports, 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 #
<del>Fred</del>	<del>1150253480190</del>	<del>1-19-21</del>	<del>1-19-98</del>	<del>N/A</del>
mez, Osvaldo	N500645592410	7-1-22	7-1-89	N/A
<del>John</del>	<del>5322473482190</del>	<del>6-17-19</del>	<del>6-19-48</del>	<del>N/A</del>
<del>Stephen</del>	<del>C200784930500</del>	<del>2-10-93</del>	<del>2-10-93</del>	<del>N/A</del>
Z Varnuz	V652213811270	4-7-21	4-7-81	N/A
<del>Coach</del>	<del>C200181930620</del>	<del>2-22-22</del>	<del>2-22-93</del>	<del>N/A</del>
meth Williams	W452519650860	3-6-27	3-6-65	N/A
lip Marsee	M620668640820	3-2-27	3-2-64	N/A
<del>Smith</del>	<del>5530946940600</del>	<del>2-20-20</del>	<del>2-20-79</del>	<del>N/A</del>
<del>Martinez</del>	<del>M655405952660</del>	<del>7-26-26</del>	<del>7-26-93</del>	<del>N/A</del>
el Leon	LS00421942501	7-10-26	7-10-94	N/A
acob Mosher	M260423962990	8-19-21	8-19-96	N/A

**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).**


<b>PRODUCER</b> Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : CABLE INSURANCE COMPANY</b>		16572
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**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 SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SYM 70		CICFL000006-00	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)  
 NATURE OF INTEREST: CERTIFICATE HOLDER

<b>CERTIFICATE HOLDER</b>  PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STA 400 S FORTH HARRISON AVE. Clearwater FL 33756	<b>CANCELLATION</b>  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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