



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

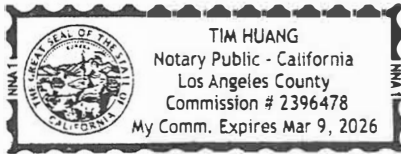
TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: Secure Transportation Co of Florida		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 08:00 A.M. to 5:00 <input checked="" type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 6774 102nd N		PHONE: 800-856-9994
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Pinellas Park FL 33782		
OFFICER/DIRECTOR NAME & TITLE: Todd Cooper, President	PHONE NUMBER & E-MAIL: Tcooper@securetransportation.com 800-856-9994	
VICE OFFICER/DIRECTOR NAME & TITLE: Anne Marin	PHONE NUMBER & E-MAIL: Amarin@securetransportation.com 800-856-9994	
BUSINESS HOURS POINT-OF-CONTACT: Jeff Moore	PHONE NUMBER & E-MAIL: Jmoore @securetransportation.com 727-452-9449	
AFTER HOURS POINT-OF-CONTACT: Jeff More	PHONE NUMBER & E-MAIL: Jmoore @securetransportation.com 727-452-9449	
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: 3-22-23	
STATE OF FLORIDA COUNTY OF _____		
Subscribed and sworn to (or affirmed) before me this _____ by _____, who is/are personally known to me or has/have produced _____ as identification.		
PLEASE SEE ATTACHED NOTARIAL CERTIFICATE		
(SEAL)		
_____ (Name of Notary typed, printed or Form stamped)		

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles



Place Notary Seal Above

Subscribed and sworn to (or affirmed) before me
on this 22nd day of March, 2023
by

Anne Marin

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature

[Signature]
Signature of Notary Public

-----OPTIONAL INFORMATION-----

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons on the attached document.

Description of Attached Document

Title or Type of Document Application for certificate of public convenience and necessity
Document Date 3/22/23
Number of Pages: 1



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Secure Transportation Co of Florida

~~8-4-2022~~

Date: 3/8/23

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: SECURE TRANSPORTATION CO. OF FLORIDA Page: 1 of 2

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. V-368	88AEFE	1FTYE1CM8GKA08239													
2. V-369	90AEFE	1FTYE1CM9GKA08251													
3. V-370	89AEFE	1FTYE1CM2GKA08236													
4. V-455	30BMAD	1FTYE1C82MKA95425													
5. V-456	29BMAD	1FTYE1C85MKA91594													
6. V-457	39DEBS	1FTYE1C84MKB02851													
7. V-458	8867AW	1FTYE1C84MKA95426													
8. V-479	CA 22349R3	1FTYE1C85NKA69032													
9. V-322	Y984CX	1DFDE4FS2EDA23884													
10. V-431	PWXM36	1FDDE3FSXHDC17959													
11. V-434	Y982CX	1FDDE3FS5HDC75798													
12. V-435	Y983CX	1DFDE4FS6HDC75853													

EMS INSPECTOR: John Murphy Date: 3/30/23



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: SECURE TRANSPORTATION COMPANY OF FLORIDA Page: 2 of 2

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 debris 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/intercom/phone for communication with base station	Exterior lights -- high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1.															
2.	V436	Y644ES 1FDFF4FSXHDC75855													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 3/30/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2022

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).

PRODUCER The Dougherty Company, Inc. P.O. Box 7277 Long Beach CA 90807		CONTACT NAME: Noels Cass	
		PHONE (A/C, H/W, F): 562-424-1621	FAX (A/C, H/W): 562-490-0432
		E-MAIL ADDRESS: noels@doughertyins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Underwriters at Lloyd's London	NAIC # 15792
		INSURER B: National Union Fire Ins. Co.	19445
		INSURER C: North American Casualty Ins Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 164838913 **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: WND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		W2ACB6220301	4/1/2022	4/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Per one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 SIR \$25,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		CA4489658	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Per accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ELX6300B400	4/1/2022	4/1/2023	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/DIRECTOR EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC15893679 (CA)	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
A	<input checked="" type="checkbox"/> Professional Liability Incl Sexual Abuse/Assault		W2ACB6220301	4/1/2022	4/1/2023	Each Claim Aggregate Each Occurrence 3,000,000 5,000,000 1,000,000/3,000,00

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

Pinellas County, A Political Subdivision of the State of Florida
400 South Fort Harrison Avenue
Clearwater FL 33756

CERTIFICATE HOLDER Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue Clearwater, FL 33756	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 <i>J. Castro</i>
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WHEELCHAIR / STRETCHER DRIVER ROSTER
 Pinellas County Rules and Regulations, as Amended

Name of Service: Secure Transportation Co of Florida Page: 1 of 21

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.	Penelope Porter	P636672488010	8/21/26	8/21/1948	
2.	Mario Anjos	A522550570110	1/11/29	1/11/1967	
3.	Godofredo Lebron	L165280570290	1/29/24	1/29/1957	
4.	Ortavious Byrd	B630644762670	7/27/26	7/27/1978	
5.	Andre Quinones	Q552000734670A	12/27/26	12/27/1973	
6.	Kerry Welmar	W560510620410	2/1/28	2/1/1962	
7.	Elizabeth Dalgle	D240230518621	10/2/29	10/2/1951	
8.	Abion Sono	S50000883280	9/8/2029	9/8/1988	
9.	Alesia Siema	S385012837820	7/22/2024	7/22/1963	
10.	Donald Jones	J520185513460	9/26/2029	9/26/1951	
11.	Bruce Wooster	W236072860850	3/5/2026	3/5/1966	
12.	Ronda Roxbury	R216723758101	8/30/2023	8/30/1975	
13.	Jeffry Moore	M600432601040	3/24/26	3/24/1960	
14.	Nancy Williams	W452632635410	2/1/2029	2/1/1963	
15.	Brdley Vaughan	V250061702250	6/25/2023	6/25/1970	
16.	Carroll Lewis	L200112683100	8/30/1968	8/30/1968	



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

Name of Service: Secure Transportation Co of Florida

page 2 of 2

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy the 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 John James	J520473800840	3/4/2031	3/4/1960	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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16				