

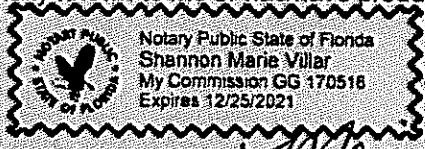


**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2019– June 30, 2020**

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: Wheelchair Transport Service		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 14561 58th Street N		PHONE: 727-586-2811
ADDRESS 2:		FAX: 727-218-1045
CITY, STATE, ZIP CODE: Clearwater, FL 33760		
OFFICER/DIRECTOR NAME & TITLE: John Williams President	PHONE NUMBER & E-MAIL: 727-218-1011 John@wheelchairtransport.com	
VICE OFFICER/DIRECTOR NAME & TITLE: George B. Williams Vice President	PHONE NUMBER & E-MAIL: 727-218-1010 Bud@wheelchairtransport.com	
BUSINESS HOURS POINT-OF-CONTACT: 24 Hours	PHONE NUMBER & E-MAIL: 727-586-2811 shannon@wheelchairtransport.com	
AFTER HOURS POINT-OF-CONTACT: Medfleet	PHONE NUMBER & E-MAIL: 727-586-3129	
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>George B. Williams</i>	DATE: 3/26/19	
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>26th</u> by <u>March</u> who is/are personally known to me or has/have produced _____ as identification.		
 (SEAL) <i>Shannon Marie Villar</i> (Name of Notary typed, printed or Form stamped)		
Form A, Rev. 02/06/2017		



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Date: 3/26/19

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"> • 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) 	_____
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.	_____

CBW



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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/stretcher	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. 293	Y85DF	2C4RDGCG7ER273687	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 294	DHIY62	2C4RDGCGOER205487	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 295	DHIY64	2C4RDGCG3ER213552	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 296	DHIY64	2C4RDGCGXER121578	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 297	DHIY65	2C4RDGCG3ER245076	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 298	DHIY66	2C4RDGCG3ER128744	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 299	DHIY67	2C4RDGCG3ER213535	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. 300	DHJJ15	2C4RDGCG5ER267595	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 302	DHIY69	2C4RDGCG8ER323030	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 303	DHIY71	2C4RDGCG9ER244658	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 304	DHIY72	2C4RDGCG4ER205878	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 305	DHIY73	2C4RDGCG8ER214017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EMS INSPECTOR: [Signature] Date: 5.20.19



STRETCHER VAN ROSTER

Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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

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1. 306	DHIY74	2C4RDGCGXER122665	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 307	DHIY60	1FTNE1EW3EDA86432	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 308	DHIY64	1FTNE1EW7EDA86434	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 313	DTQN7	2G1WC581869341102	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 320	ENPF16	2C4RDGCG8ER273522	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 321	DWAI2	JTDKB20U887716987	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 322	ENPF1	2C4RDGCG0ER213220	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. 323	EEWR2	1FMZK1CMXFKB01383	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 324	390KN5	1FMZK1CM4KFB06594	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 325	EEWR2	1FMZK1CM8FKB01382	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 326	EEWR2	1FMZK1CM3FKB06604	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 327	ETMT4	1FMZK1CM5FKB26241	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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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.

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1. 328	ETMT4	2C4RDGCG0FR548429	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 329	ETMT4	2C4RDGCG8FR541292	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 330	ETMT4	2C4RDGCG8FR541292	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 331	983XN	2G1WS553281330767	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 333	ETMT4	2C4RDGCG2FR548559	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 334	EGCT8	2C4RDGCG8FR535959	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.															
8. 336	Y45DY	1FMZK1CM4GKA33020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 337	Y46DY	1FMZK1CM6GKA33021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 338	Y47DY	1FMZK1CMXGKA33023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 339	Y48DY	1FMZK1CM5GKA33026	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 340	Y49DY	1FMZK1CM7GKA33027	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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

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1. 342	ETMT5	2C4RDGCG3FR556279	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 343	Y48DY5	2C4RDGCG5FR536308	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 344	Y89DF7	2C4RDGCG7FR536410	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 345	ETMT4	2C4RDGCG0FR541545	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 346	ETMT4	2C4RDGCG1FR536385	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓
6. 347	EEWR2	1FTYE2CM3GKA50842	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.															
8. 348	ETMT5	1FTYE2CM0GKA50846	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 350	DTQN2	JTDKN3DU7A0041459	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 351	HGNI6	1FTYR1CM9GKA65120	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 352	GVHJ0	1FTYR2CM5GKB06977	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 353	GVHJ0	1FTYR2CM7GKB06978	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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1. 353	GVHJ0	1FTYR2CM7GKB06978	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 354	248XN	2C4RDGCG7GR180770	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 355	ENPF1	2C4RDGCG7GR180794	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 356	Y87DF	2C4RDGCG0GR179699	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 357	334MY	1FTYR2CM7HKA02086	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 358	330MY	1FTYR2CM9HKA02087	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 359	EEWR2	1FTYR2CM9HKB27327	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. 360	GEDT2	1FTYE2CM0HKB27331	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 361	DRFK5	5TDZZ3DC0HS877292	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 362	DRFK5	5TDZZ3DC0HS877292	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 363	331MY	5TDZZ3DC2HS856296	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 364	EEWR1	5TDZZ3DC4HS876842	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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1. 365	DWSD8	5TDZZ8DC0HS876827	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 366	Y86DF	5TDZZ3DCXHS877252	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 367	DIBM08	2C4RDGCG7GR179957	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 368	650XN5	2C4RDGCG8ER213269	/	/	/	/	/	/	/	✓	✓	✓	✓	✓	✓
5. 369	EBKQ2	2C4RDGCG2ER322598	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 370	DBYI45	2C4RDGCG8GR179109	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 372	EBKQ2	2C4RDGCG5ER182272	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. 373	ID47E1	1FTNE1EWXBDA02151	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 374	AQCD8	1FTNE1EWXBDA02151	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 375	V24JN1	2C4RDGCGXER245303	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 376	GHBNA	2C4RDGCG2ER392232	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 377	EFWZA	1FTYR1CM1HKA01879	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

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1. 378	JACA74	5TDZZ3DC8HS877668	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 379	HZED9	1FTTYE2CM6JKB21958	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 380	HZED9	1FTTYE2CM1HKA42417	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 381	GRENE	1FTTYE2CMXGKB25925	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 382	IJCD57	1FTTYE2CM2GKB25921	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 383	ETMT5	1FTTYE2CM1GKB25926	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 384	325MY	1FTTYE2CM9GKA50845	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. 385	EEWR2	1FTTYE2CM4GKB25922	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. 386	EEWR2	1FMZK1CM4GKA09218	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. 387	KYBU	1FTTYE2CM3GKB25930	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. 388	Y83DF	1FTTYE2CM6GKB25923	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. 389	327MY	1FTTYE2CM7GKB25929	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____

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1. 390	Y81DF	1FMZK1CM6GKA04957	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 391	328MY	1FTYE2CM5GKB25928	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 392	EEWR	1FTYE2CM3GKB25927	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 393	EEWR	1FTYE2CM8GKB25924	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

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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.	OLIVER ROBERTS	R163-650-59-301-0	8/21/2022	8/21/1959	740705
2.	ALFRED SCHAAFF	S100-001-47-427-0	11/27/2026	11/27/1949	571228
3.	THOMAS BONURA	B560-835-50-084-0	3/4/2021	3/4/1950	570697
4.	ANDREW CARVER	C616-010-69-146-0	4/26/2019	4/26/1969	571564
5.	GABRIEL ARRANGO	A652-281-49-207-0	6/7/2019	6/7/1949	571400
6.	EDMOND AVILA	A142-21-58-242-0	7/2/2025	7/2/1958	571437
7.	MADELYN MALDONADO	M435-547-63-754-0	7/14/2022	7/14/1963	571646
8.	EVENS CASTOR	C236-213-76-058-0	2/18/2022	2/18/1976	571591
9.	MOISES CONCHAMBAY	C525-541-58-295-0	8/15/2024	8/15/1958	571665
10.	CLIVE DOWDELL	D340-101-53-306-0	8/26/2026	8/26/1953	571687
11.	FLETCHER FLORISSANT	F462-250-74-175-0	5/16/2021	5/15/1974	571687
12.	QUYEN GNO	N200-718-57-097-0	3/17/2024	3/17/1957	571721
13.	ROMMEL AROSTEGUI	A623-720-65-389-7	10/29/2021	10/29/1965	571758
14.	DIMAS ENCISO	E522-165-49-272-0	10/12/2026	10/12/1949	571755
15.	CASEY MERRELL	M640-104-70-425-0	11/25/2022	11/25/1970	571852
16.	BECKY MORRISON	M625-066-53-824-0	9/4/2019	9/4/1953	571812



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Pinellas County Rules and Regulations, as Amended

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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. SEBASTIEN LUNDI	L530-797-91-371-0	10/11/2021	10/11/1991	571844
2. CHRISTI ALSTON	A423-112-83-511-0	1/11/2022	1/11/1983	571976
3. JULIO ZUNIGA	Z520-423-62-294-0	8/16/2022	8/16/1962	571984
4. JAMES ARNOLD	A654-443-52-243-0	7/3/2020	7/3/1952	571983
5. MICHELET LUNDY	I530-540-81-461-0	12/21/2023	12/21/1981	571638
6. KELLY HENRY	H560-510-58-367-0	10/7/2020	10/7/1958	571100
7. ELEAN DENSMORE	D525-211-64-837-0	9/17/2020	9/17/1964	571954
8. KENNETH FRYE	F600-510-50-414-0	11/14/2023	11/14/1950	571083
9. KARA PALAMTEER	P453-513-85-923-0	11/23/2021	11/23/1985	571642
10. SANDRA GNOZZIO	G520-781-61-834-0	9/14/2025	9/14/1961	571221
11. BENNETH KEH	K000-071-60-461-0	12/21/2025	12/21/1960	571954
12. CURTIS FISHER	F260-116-57-063-0	2/23/2021	2/23/1957	571699
13. WILLIAM SCHAFFER	S160-925-60-263-0	7/23/2023	7/23/1960	571094
14. STEVEN BROWN	B650-792-52-379-0	10/19/2025	10/19/1952	872029
15. GERALD MORABITO	M613-293-77-142-0	4/12/2026	4/12/1977	572034
16. WILLIAM DELVECCHIO	D412-921-50-294-0	8/14/2022	8/14/1950	572040



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Pinellas County Rules and Regulations, as Amended

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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. TIMOTHY PARKS	P620-810-94-187-0	5/27/2024	5/27/1994	572040
2. HERBERT GUNTHER	G535-321-56-465-0	12/25/2025	12/25/1956	572044
3. RALYNN METZ	M320-727-66-967-0	12/27/2024	12/27/1966	572044
4. HECTOR FERRER	F661-324-75-413-0	11/13/2020	11/13/1975	571627
5. JON'MISHA POMPEY	P510-432-92-767-1	7/27/2025	7/2/1992	572062
6. JOHN GIBBONS	G152-479-64*092-0	3/12/2027	9/12/1964	572089
7. BRITNEY BENJAMIN	B525-074-87-701-0	6/1/2026	6/1/1987	572090
8. PHIL ANGLADA	A524-676-40-350-0	9/30/2020	9/30/1940	740109
9. JEROME MOTEN	M350-420-75-041-0	2/1/2026	2/1/1976	570651
10. SHARRAN COOPER	C160-781-73-011-4	7/10/2022	7/10/1973	571138
11. JORGE MEJIA	M200-432-62-425-0	11/25/2024	11/25/1982	570674
12. DOUGLAS TRYGSTAD	T623-163-61-288-0	8/8/2022	8/8/1961	740721
13. ALBERT NIBLACK	N142-020-44-455-0	12/15/2025	12/15/1944	740738
14. EDWARD CROSON	C625-230-67-146-0	4/26/2020	4/28/1967	740932
15. JAMES GIFFORD	G163-444-59-144-0	4/24/2020	4/24/1959	741000
16. THOMAS PESTA	P230-866-57-466-0	12/26/2020	12/26/1951	741045



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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. HECTOR RIVERA	R166-321-76-249-0	7/9/2026	7/9/1976	571361
2. MANNY SORIANO	S650-546-71-020-0	1/20/2021	1/20/1971	571367
3. WALTER HAMPSHIRE	H512-910-50-145-0	4/25/2025	4/25/1950	571380
4. NARINE MUNIRAM	M565-624-61-299-0	8/19/2023	8/19/1961	571404
5. ARNOLD BERNARDINO	B656-017-62-285-0	8/5/2019	8/5/1962	571405
6. JOSHUA CORDERO	C636-426-94-019-0	1/19/2020	1/19/1994	571421
7. STEPHEN JORDAN	J635-796-87-265-0	7/25/2026	7/25/1987	571426
8. EDWARD CHABALA	C140-221-86-053-0	2/13/2021	2/13/1986	571503
9. NELSON LOPEZ	L121-633-61-205-0	6/5/2020	6/5/1961	571678
10. CHRISTIAN WILKERSON	W426-110-90-247-0	7/7/2020	7/7/1990	571557
11. ANJALI BHATIA	B300-000-77-871-0	10/11/2023	10/11/1977	571563
12. GUIDO LUBRANO	L165-280-60-046-0	2/6/2021	2/6/1960	571566
13. ERENSTO RODRIGUEZ	R362-202-67-063-0	10/7/2019	10/7/1967	571617
14. DOUGLAS CRUZ	R162-162-68-367-0	2/23/2020	2/23/1968	571616
15. MICHAEL SASTRE	S236-543-91-084-0	10/7/2019	10/7/1991	571625
16. CHA-EVE MAISONNEUVE	S236-543-91-084-0	7/28/2022	7/28/1991	571678



WHEELCHAIR / STRETCHER DRIVER ROSTER
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	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	NELSON LOPEZ	L121-633-61-205-0	6/25/2020	6/5/1961	571629
2.	STEVEN TROUE	T600-787-86-174-0	5/14/2026	5/14/1986	572045
3.	YOSEN SOSA	S222-973-73-405-0	11/5/2024	11/5/1973	571736
4.	ALEJANDRO MORALES	M642-006-87-322-0	9/2/2026	9/2/1987	571740
5.	THOMAS ENNIS	E520-820-67-380-0	10/20/2021	10/20/1967	571773
6.	CARMELO POLITO	P430-107-62-416-0	11/16/2023	11/16/1962	571791
7.	BRIAN IRVINE	I615-073-43-270-0	7/30/2022	7/30/1943	571799
8.	DARLENE REED	R300-170-57-923-0	11/23/2019	11/23/1957	571807
9.	WEUSI WALLER	W460-881-80-426-0	11/26/2020	11/26/1980	571810
10.	CHARLES WORRALL	W640-155-62-331-0	9/11/2021	9/11/1962	571843
11.	GREGORY ELFRINK	E416-296-63-407-0	11/7/2021	11/7/1963	572000
12.	EUGENE CARROLL	C640-204-70-268-0	7/28/2021	7/28/1970	572018
13.	MICHAEL BROWN	B650-543-67-021-0	1/21/2027	1/21/1967	571988
14.	KATHY RAMADAN	R535-500-65-924-0	11/24/2019	11/24/1965	572033
15.	EDWIN HOLT	H430-208-64-282-0	8/2/2026	8/2/1964	572036
16.	JEFFREY RIKER	R260-423-61-389-0	10/29/2026	10/29/1961	572057



WHEELCHAIR / STRETCHER DRIVER ROSTER
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Name of Service: Wheelchair Transport Service

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	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	ROBIN EDWARDS	E363-724-83-412-0	11/12/2019	1/12/1983	572072
2.	MYRA STEELE	S340-553-63-587-0	3/7/2021	3/7/1963	572072
3.	ERIC COSTIN	C-235-211-73-003-0	1/3/2022	1/3/1973	572073
4.	MARCOS ESTUPINAN	E231-550-66-304-0	8/24/2024	8/24/1966	572078
5.	STEPHEN CONKLIN	C524-790-81-177-0	8/17/2021	8/17/1981	572086
6.	ANDREAS WEHRLI	W640-000-69-448-0	12/8/2022	12/8/1969	572084
7.	FRAN WEHRLI	H246-241-66-797-0	8/17/2023	8/17/1966	572085
8.	HECTOR DEJESUS	D222-320-67-058-0	2/18/2020	2/18/1967	572091
9.					
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NORTRA-02

EREITLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2019

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 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 Research Underwriters 4240 Greensburg Pike Pittsburgh, PA 15221	CONTACT NAME: PHONE (A/C, No, Ext): (412) 351-5800		FAX (A/C, No): (412) 351-5818
	E-MAIL ADDRESS:		
INSURED Northeast Transportation Group LLC/ dBA Wheelchair transport Service 14561 58th Street North Clearwater, FL 33760	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Global Liberty Insurance Company of New York		11092
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 I WVD	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC OTHER:		GL32274P2017	08/15/2019	08/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPI/OP AGG \$ OTHER \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		FHP0734387-1	08/15/2019	08/15/2020	COMBINED SINGLE LIMIT (Per accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$ EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					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

Pinellas County, A Political Subdivision
of the State of Florida
400 S Fort Harrison Ave
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