



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: AMERICHAIR TRANSPORT SERVICE INC.
HOURS OF OPERATION: MONDAY - SATURDAY 5 A.M. to 6 P.M.
ADDRESS 1: 3145 GRAND AVE
PHONE: (727) 201-0075
ADDRESS 2: APARTMENT 108
FAX: (727) 209-3397
CITY, STATE, ZIP CODE: PINELLAS PARK, FLORIDA 33782
OFFICER/DIRECTOR NAME & TITLE: CHRISTOPHER CLARK / DIRECTOR
PHONE NUMBER & E-MAIL: 518-588-4349 | 727-201-0075
christopherclark@americhairtransport.com
VICE OFFICER/DIRECTOR NAME & TITLE: HANNAH CLARK
PHONE NUMBER & E-MAIL: 727-410-8057 | 727-201-0075
hannahclark@americhairtransport.com
BUSINESS HOURS POINT-OF-CONTACT: CHRISTOPHER CLARK
PHONE NUMBER & E-MAIL: ''
AFTER HOURS POINT-OF-CONTACT: CHRISTOPHER CLARK
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: [Signature] DATE: MARCH 24, 2021

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 25th of March 2021 by Christopher Clark, who is/are personally known to me or has/have produced as identification.

(SEAL) [Signature]



(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: AMERICAN AIR TRANSPORT SERVICE INC.

Date: MARCH 24, 2021

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>CC</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>CC</u>
8.1	Written record contains:	
	• Date Call Received	<u>CC</u>
	• Time Call Received	<u>CC</u>
	• Pick-up & Destination Address	<u>CC</u>
	• Arrival Time at Destination	<u>CC</u>
	• Client's Name	<u>CC</u>
	• Person Ordering Transport	<u>CC</u>
	• Telephone Number of Caller (*if applicable)	<u>CC</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CC</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CC</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CC</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page: _____ of _____

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. 001	888 9WQ	2C4RDGCG2FR591380													
2. 002	889 0WQ	2C4RDGCG6FR591835													
3. 003	888 8WQ	2C4RDGCG2FR745053													
4. 004	JMPH09	1FTNE14N48DA05508													
5. 005	IF87JQ	2C4RC1BG5CR188426													
6. 006	5067215	1FBAX2CM5KKA47501													
7. 007	QEP548	2C4RDGCG7KR632192													
8. 008	QEP549	2C4RDGCG9KR557611													
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page: _____ of _____

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.

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. 006	50671215	1FBA X2C M5KKA47501													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page: _____ of _____

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.	CHRISTOPHER CLARK	L462-103-75-300-0	8-20-2026	8-20-1975	
2.	KARL CAIN	C500-506-60-016-0	1-16-2025	1-16-1960	
3.	SALLY GRAY	G600-793-82-907-0	11-07-2028	11-07-1982	
4.	MINDY SMITH	S530-553-70-525-0	1-25-2027	1-25-1970	
5.	BRENDAN SMITH	S530-073-64-304-0	8-24-2021	8-24-1964	
6.	GARY WALKER	W426-292-59-389-0	10-29-2021	10-29-1959	
7.	ANTHONY STEWART	S363-018-69-052-0	2-12-2025	2-12-1969	
8.	CONSTANTINE ANDRITSAKIS	A550-105-60-284-0	8-04-2025	8-04-1960	
9.	EBONY HOLIDAY	H430-217-99-556-0	2-16-2025	2-16-1999	
10.	MICHAEL TARVER	T616-559-60-345-0	9-25-2027	9-25-1960	
11.	MICHAEL COLON	C450-553-90-343-0	9-23-2028	9-23-1990	
12.					
13.					
14.					
15.					
16.					

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/08/2021

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Americhair Transport Service, Inc.

3145 Grand Ave Apt 108
Pinellas Park, FL 33782

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input checked="" type="checkbox"/> Specifically Described Autos	PC20061311	6/13/2020	6/13/2021	\$300,000 CSL \$43,093 Physical Damage-total scheduled val \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P Per Person
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
 ADDITIONAL INSURED
 LOSS PAYEE

PROOF OF INSURANCE

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

