



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: <i>On-Time Transports, LLC</i>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>7</i> A.M. to <i>6</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>1224 Northern Way</i>	PHONE: <i>407-376-3959</i>
ADDRESS 2: <i>Winter Springs, FL 32708</i>	FAX: <i>407-205-8115</i>
CITY, STATE, ZIP CODE:	

OFFICER/DIRECTOR NAME & TITLE: <i>Amanda Varmuza - owner</i>	PHONE NUMBER & E-MAIL: <i>407-376-3959 info@On-TimeTransports.com</i>
VICE OFFICER/DIRECTOR NAME & TITLE: <i>8am to 5pm</i>	PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
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>Amanda Vay</i>	DATE: <i>5/11/2021</i>
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STATE OF FLORIDA  
 COUNTY OF SEMINOLE

Subscribed and sworn to (or affirmed) before me this 05/11/2021 by AMANDA VARMUZA who is/are personally known to me or has/have produced FLDL#V652003775280 as identification.

(SEAL) J. R. Patel

NOTARY PUBLIC  
 STATE OF FLORIDA  
 Notary Public State of Florida  
 Jayesh Patel  
 My Commission GG 189313  
 Expires 02/22/2022

(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: ON-Time Transports, LLC

Date: 4/5/21

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>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: \_\_\_\_\_ 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/trust 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.	Y071AC	3C6TRVPGXFE520233													
2.	Y06IAC	3C6TRVPGXFE520178													
3.	Y08IAC	2C4RDGBG7GR139900													
4.	1B86ER	1FTNS24W48DB56959													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



**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 #
1.	Varmuza Eric	V652213811270	4-7-29	4/7/81	N/A
2.	Varmuza Amande	V652003775280	1-28-27	1/28/77	N/A
3.	Williams Kenneth	W452519650860	3-6-27	3-6-65	N/A
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/05/2021

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

INSURED ON TIME TRANSPORTS, LLC  
1224 NORTHERN WAY  
Winter Springs FL 32708


**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SYM 70			CICFL000006-01	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)  
NATURE OF INTEREST: CERTIFICATE HOLDER

**CERTIFICATE HOLDER**      **CANCELLATION**

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE 400 S FORTH HARRISON AVE. Clearwater FL 33756	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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