



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: 1ST CHOICE TRANS LLC	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5:00 A.M. to 6:00 <input checked="" type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 4651 69th PL N	PHONE: 727-380-0481
ADDRESS 2:	FAX: 727-289-3460
CITY, STATE, ZIP CODE: PINELLAS PARK FL 33781	
OFFICER/DIRECTOR NAME & TITLE: RICARDO CUNNINGHAM PRESIDENT	PHONE NUMBER & E-MAIL: Cunningham_ricardo@yahoo.com 1stchoicetrans@gmail.com
VICE OFFICER/DIRECTOR NAME & TITLE: SAUDRA BAIRD SECRETARY	PHONE NUMBER & E-MAIL: SandraBaird04@gmail.com
BUSINESS HOURS POINT-OF-CONTACT: Ricardo 727-380-0481	PHONE NUMBER & E-MAIL: 727-380-0481 1stchoicetrans@gmail.com
AFTER HOURS POINT-OF-CONTACT: N/A	PHONE NUMBER & E-MAIL: N/A

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.

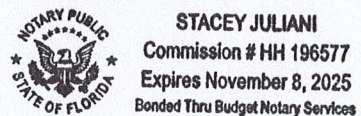
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: DATE: **6-22-2022**

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 6-22-22 by Ricardo Cunningham who is/are personally known to me or has/have produced Driver Licesen as identification.

(SEAL)



(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: Wheelchair Service Provider

Date: 6/21/2022

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2022

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 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: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: CABLE INSURANCE COMPANY</td> <td>16572</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: CABLE INSURANCE COMPANY	16572	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED 1ST CHOICE TRANS LLC 4651 69TH PL N Pinellas Park FL 33781														

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	
	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 - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SYM 70 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CICFL000281-00	06/16/2022	06/16/2023	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 125,000
							BODILY INJURY (Per accident)	\$ 300,000
							PROPERTY DAMAGE (Per accident)	\$ 50,000
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ _____ RETENTION \$ _____ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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 Y / N <input type="checkbox"/> 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 EMS & FIRE ADMINISTRATION 12490 ULMERTON RD STE 134 Largo FL 33774	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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WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Choice Trans 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.

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	DFG6592	NM0GE9E22N1S24893	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.															
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11.															
12.															

EMS INSPECTOR: Craig Queen / C Queen Date: 2/27/2022



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

Name of Service: 1st Choice Trans 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. Ricardo Cunningham	C552-737572090	06/09/2030	06/09/1957	
2.				
3.				
4.				
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