Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

SERVICE TYPE: ☑ Wheelchair Transport ☐ Stretcher Transport ☐ ALS Interfacility ☐ ALS Helicopter ☐ ALS Non-Transport ☐ ALS Transport

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

ORGANIZATION NAME: America West Transportation, LLC	HOURS OF OPERATION: ☑24-HOUR _____ A.M. to _____ ☐A.M. / ☐P.M.
ADDRESS 1: 11760 Slauson Ave	PHONE: 888-678-6801
ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE: Santa Fe Springs, CA 90670	
OFFICER/DIRECTOR NAME & TITLE: Aristotle Cu Ang, Owner/President	PHONE NUMBER & E-MAIL: P: (425) 891-5542 E: ArisAng@america-west.com
VICE OFFICER/DIRECTOR NAME & TITLE: Marco Espela, Risk and Compliance Manager	PHONE NUMBER & E-MAIL: P (916) 644-8398 E: mespela@americawest.co
BUSINESS HOURS POINT-OF-CONTACT: Hector Jimenez, Transportation Mnager	PHONE NUMBER & E-MAIL: P: (727) 644-0033 E: Hjimenez@securehealth.net
AFTER HOURS POINT-OF-CONTACT: Comm Center Andre Quinones	PHONE NUMBER & E-MAIL: P: 888-678-6801, E: pacecs1@americawest.co

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: Andre Quinones	DATE: 6/24/2026

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 6/24/26 by Andre Quinones, who is/are personally known to me or has/have produced FL Driver's License as identification.

A'mari Peterson
Comm.: HH 626982
Expires: Jan. 8, 2029
Notary Public - State of Florida

(SEAL)

A'mari Peterson
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2026

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
Patriot Growth Insurance Services, LLC
7777 Center Avenue, Suite 600
Huntington Beach CA 92647

CONTACT NAME: Noele Cass
PHONE (A/C, No, Ext): 562-424-1621 **FAX (A/C, No):** 562-490-0432
E-MAIL ADDRESS: noele.baxter@patriotgis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Ins. Co. of Pittsburg	19445
INSURER B : Underwriters at Lloyds of London	15642
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SECUR-2
America West Transportation, LLC; America West Medical Transportation, Inc.;
Secure Transportation Company, Inc.
6937 LTC Parkway
Port St. Lucie FL 34986

COVERAGES **CERTIFICATE NUMBER:** 1430840 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	D2ACB6260701	4/1/2026	4/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY		Y	CA6586206 CA	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WC072113379 AOS-NOT AZ	4/1/2026	4/1/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Auto Physical Damage	Y	Y	CA6586206 CA	4/1/2026	4/1/2027	Comp Ded Collision Ded	250 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured as respect General and Auto Liability per attached policy forms. Waiver of subrogation applies per attached policy forms. Primary non-contributory wording applies per attached policy forms.

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
J. Castro

Cover Page

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized COPCN Notary Form here

Change File America West - Secure Renewal COPCN APPLICATION 2025-26.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	☑	
Stretcher Transport	☐	
ALS Helicopter	☐	
ALS Interfacility	☐	
ALS Non-Transport	☐	
ALS Transport	☐	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- (•) Sole Proprietor
- ( ) Partnership
- ( ) Non-Profit Corporation
- ( ) Corporation

Organization Type

Sole Proprietor

Company Information (Form A)

Company Information

Organization Name

Secure Transportation Co of Florida

*Street 1

6774 102nd Av N

Street 2

*Postal Code

33782

City

Pinellas Park

State

Florida

Phone

800 - 856 - 9994 Ext:

Fax

- -

*Hours of operation

24/7

Company Contacts

Position

☐ Officer/Director

*Action to take

Update record in the service

This is the action that will be taken within the service for the User you select below.

*Search Contact

Jimenez, Hector M.

*Work Phone

727 - 644 - 0033 Ext:

Email

hjimenez@americawest.co

Position

☑ Vice Officer/Director

*Search Contact

Quinones, Andre

*Work Phone

727 - 644 - 3605 Ext:

*Email

aquinonesjr@securetransportation.com

Position

☑ Business Hours Point-of-Contact

*Search Contact

Jimenez, Hector M.

*Work Phone

727 - 644 - 0033 Ext:

*Email

hjimenez@americawest.co

Position

☑ After Hours Point-of-Contact

*User

Jimenez, Hector M.

*Work Phone

727 - 644 - 0033 Ext:

*Email

hjimenez@americawest.co

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

HJ

*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.

*Initials

HJ

Section 8.1

Written record contains:

- 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)

*Initials

HJ

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

HJ

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

HJ

Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

*Initials

HJ

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
V-457	V-457	98DWBT	1FTYE1C84MKB02651	Yes
V-456	V-456	97DWBT	1FTYE1C85MKA91594	Yes
V-458	V-458	99DWBT	1FTYE1C84MKA95426	Yes
V-512	V-512	77DYUN	1FTYE1C81PKA97008	Yes
V-368	V-368	88AEFE	1FTYE1CM8GKA08239	Yes
V-369	V-369	90AEFE	1FTYE1CM9GKA08251	Yes
V-431	V-431	PWXM36	1FDEE3FSXHDC17959	Yes
V-497	V-497	BZ68FX	1FTYE1C81NKA58268	Yes
V-498	V-498	BZ67FX	1FTYE1C86NKA58427	Yes
V-479	V-479	BN58EA	1FTYE1C85NKA69032	Yes
V-435	V-435	Y983CX	1FDFE4FS6HDC75853	Yes
V-436	V-436	Y644ES	1FDFE4FSXHDC75855	Yes
[New]	V-513	RGMA09	1FTYE1C84PKB21169	Yes
[New]	V-374	92716B2	1FTYE1CM9GKA49995	Yes
[New]	V-380	36143A2	1FTYE1CM5GKA49993	Yes

Personnel (Form D)

Section 1

meggers	User	Position
	Jimenez, Hector M. (none)	WCT Admin Support
	Quinones, Andre (none)	WCT Admin Support

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

1430840

Issued Date

04/01/2026 Today

Expiration Date

04/01/2027 Today

*Insurance Verification

Change File AMWEST 2026 INSURANCE POLICY CA6586206.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorpation

*Certificate of Incorporation

Change File CERTIFICATE OF LIABILITY INSURANCE -- 2026.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

Change File 2026-2027 AMERICA WEST TRANSPORT LLC, RATE SHEET.pdf

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

Upload File

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

06/29/2026 Today

*Signature

Signed on Jun 30, 2026 3:23:17 PM by Hector Jimenez

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: America West Transportation, LLC

Date: June 22, 2026

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

Form B Rev. 02/06/2017

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website

Detail by Entity Name

Foreign Limited Liability Company
AMERICA WEST TRANSPORTATION LLC

Filing Information

Document Number	M25000004521
FEI/EIN Number	33-3992205
Date Filed	03/28/2025
State	CA
Status	ACTIVE

Principal Address

3905 DEEBLE STREET
SACRAMENTO, CA 95820

Mailing Address

3905 DEEBLE STREET
SACRAMENTO, CA 95820

Registered Agent Name & Address

REGISTERED AGENT SOLUTIONS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Address Changed: 07/21/2025

Authorized Person(s) Detail

Name & Address

Title MGR

ANG, ARISTOTLE C
3905 DEEBLE STREET
SACRAMENTO, CA 95820

Annual Reports

No Annual Reports Filed

03/28/2025 -- Foreign Limited | View image in PDF format

County of Sacramento
Department of Finance
Business License Unit
700 H Street, Room 1710, Sacramento, CA 95814
Phone (916) 874-6644 • finance.saccounty.gov

Original Statement FILED with Sacramento County Clerk
FBNF2025-03154 SECURE TRANSPORTATION - CA

COPY

F FILED: 4/24/2025 Expires: 4/24/2030

FICTITIOUS BUSINESS NAME STATEMENT
THIS IS NOT A BUSINESS LICENSE

TYPE OR PRINT CLEARLY. MUST BE FILED IN-PERSON OR MAIL. ALL INFORMATION IS PUBLIC RECORD. INSTRUCTIONS ON REVERSE.

1 Street Address, City, State, Zip of Principal Place of Business. **(P.O. Box or PMB not acceptable)** | County

3905 Deeble Street, Sacramento, CA 95820 | Sacramento

2 Fictitious Business Name(s) to be Filed (Section 17900 B & P Code)

(a) Secure Transportation - CA

(b)

(If more than 2 names, attach additional sheet)

3 Full Name & Complete Business Mailing Address of Each Owner/Partner/LLC or Corporation name and address as registered with Secretary of State (include State where incorporated)

Entity Name if Corp/LLC OR Full Name | Business Mailing Address | City | State | Zip

(a) America West Medical Transportation, Inc., 3905 Deeble Street, Sacramento, CA 95820

(b)

(If more than 2 owners, attach additional sheet)

4 This business is conducted by:

- ☐ an Individual
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Trust
- ☐ Married Couple
- ☐ Co-Partners
- ☐ Limited Liability Company
- ☐ State or local Registered Domestic Partners
- ☒ Corporation
- ☐ Joint Venture
- ☐ Limited Liability Partnership
- ☐ Unincorporated Association (other than a partnership)

5 **Date began using business name** N/A (write "N/A" if you have not yet begun conducting business)

Describe the type of Activities/Business Medical transportation services

6 **I declare that all information in this statement is true and correct. (A registrant who declares as true information which they know to be false is guilty of a crime.)**

Sign _____
Aristotle Ang (Apr 10, 2025 18:01 PDT)

Print Name Aristotle Ang Phone Number (916) 996-6000

If a Corporation, Limited Liability Company (LLC), Limited Partnership (LP) or Limited Liability Partnership (LLP), the following must also be completed:

Officer Title CEO (For a list of acceptable Officer Titles please see instructions (6b) on reverse)

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), where it expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name Statement must be filed before the expiration.

The filing of this Statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (Section 14411 et seq., of the Business and Professions Code).

391761

COUNTY OF SACRAMENTO CALIFORNIA

I hereby certify that this copy is a correct copy of the original Statement on file in my office.

DONNA ALLRED, COUNTY CLERK

BY: _____
Deputy County Clerk

ID Checked ☐

FBN Statement (11-2024)

AMERICAWEST Secure.

Compassion in Motion: Where Every Journey Leads to PACE Care

RATE SHEET – As per America West Transportation, LLC

To whom it may concern,

Our RATE PER TRIP is roughly $27 one way per participant.
Total trip at a value of $54.00

Hector M. Jimenez // Transportation Manager

_____

Date: _____

Hector M Jimenez

Transportation Manager

P: (727) 644-0033

E: hjimenez@americawest.co

W: www.america-west.com

A: 6774 102nd Ave N. Pinellas Park, FL 33782 (Suncoast PACE)