



## 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: <b>National NEMT, LLC</b>	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <b>3051 Tech Drive Suite 100</b>	PHONE: <b>866-628-6368</b>
ADDRESS 2:	FAX: <b>855-505-5055</b>
CITY, STATE, ZIP CODE: <b>St. Petersburg, FL 33716</b>	
OFFICER/DIRECTOR NAME & TITLE: <b>Michael Schwegman, CEO</b>	PHONE NUMBER & E-MAIL: <b>877-628-6368 Mike@nationalnemt.com</b>
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT: <b>Michael Schwegman, CEO</b>	PHONE NUMBER & E-MAIL: <b>877-628-6368 Mike@nationalnemt.com</b>
AFTER HOURS POINT-OF-CONTACT: <b>Michael Schwegman, CEO</b>	PHONE NUMBER & E-MAIL: <b>877-628-6368 Mike@nationalnemt.com</b>
<b>REQUIRED ATTACHMENTS:</b> 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>Michael Schwegman</i>	DATE: <b>12/10/2025</b>
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>	
Subscribed and sworn to (or affirmed) before me this <u>12-11-2025</u> by <u>Michael Schwegman</u> , who is/are personally known to me or has/have produced <u>Driver's License</u> as identification.	
(SEAL) <i>Patricia S. Werner</i>	PATRICIA S. WERNER Commission # HH 481035 Expires January 15, 2028
(Name of Notary typed, printed or Form stamped) <b>(Name of Notary typed, printed or Form stamped)</b>	



## WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

### Pinellas County Rules and Regulations, as Amended

Name of Service: National NEMT, LLC

Date: 12/11/25

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.	MS
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>	MS MS MS MS MS MS
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	MS
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	MS
8.1	Dispatch audio & written/electronic records shall be available for inspection.	MS



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: National NEMT, LLC 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/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.	11	20EXJN	2C4RC1FG4RR120900												
2.	1	95FBAG	1FBAX2C83NKA11667												
3.	2	94FBAG	1FBAX2C86NKA17947												
4.	8	DY73RE	1FBAX2C8XNKA17949												
5.	9	DY72RE	1FBAX2C88NKA17948												
6.	10	FIZK20	1FDAX2C80RKB82017												
7.															
8.															
9.															
10.															
11.															
12.															



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: National NEMT, LLC

Page: 1 of 1

**\*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/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.	1 95FBAG	1FBAX2C83NKA11667													
2.	2 94FBAG	1FBAX2C86NKA17947													
3.	8 DY73RE	1FBAX2C8XNKA17949													
4.	9 DY72RE	1FBAX2C88NKA17948													
5.	10 FIZK20	1FDAX2C80RKB82017													
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: National NEMT, 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.	Juan Garcia	G220245525000	10/13/2030	10/13/1963	
2.	Islam Ghali "Izzy"	G231666690000	11/14/2028	6/17/1984	
3.	Ernest Rivera	R160200792050	06/05/2033	6/5/1979	
4.	Jeffrey Perez	P233143314000	08/20/2033	8/20/1984	
5.	Christopher Baldwin	B435110791030	03/23/2032	3/23/1979	
6.	Corey Copping	C633774191000	01/11/2034	1/11/1994	
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2025

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	Phone: (813)251-4900 Fax: (813)253-2676	CONTACT NAME: Damien Rodriguez PHONE (A/C, No, Ext): (813)251-4900 FAX (A/C, No): (813)253-2676 E-MAIL ADDRESS:
INSURED	INSURER(S) AFFORDING COVERAGE NAIC #	
NATIONAL NEMT, LLC. 2961 KENSINGTON TRACE TARPOn SPRINGS, FL 34688	INSURER A: ATEGRITY SPECIALTY INSURANCE COMPANY	16427
	INSURER B: CABLE INSURANCE COMPANY	16572
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 2910

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	N	01-C-PK-P20135959-0	3/17/2025	3/17/2026	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY	N	CICFL002184-0	3/19/2025	3/19/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (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)

## Evidence of Coverage

2022 - FORD - TRANSIT 350 - 1FBAX2C83NKA11667  
2022 - FORD - TRANSIT 350 - 1FBAX2C86NKA17947

## CERTIFICATE HOLDER

## CANCELLATION

Insurance Purposes

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company

NATIONAL NEMT, LLC

### Filing Information

**Document Number** L24000493979  
**FEI/EIN Number** 33-2133358  
**Date Filed** 11/22/2024  
**Effective Date** 11/22/2024  
**State** FL  
**Status** ACTIVE

### Principal Address

3051 Tech Dr.  
STE 100  
St. Petersburg, FL 33716

Changed: 02/21/2025

### Mailing Address

3051 Tech Dr.  
STE 100  
St. Petersburg, FL 33716

Changed: 02/21/2025

### Registered Agent Name & Address

LINSKY, SAMUEL  
1810 KENNEDY BLVD.  
TAMPA, FL 33606

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

SCHOENBAUM, ADAM  
3051 Tech Dr.  
STE 100  
St. Petersburg, FL 33716

Title Authorized Member

Schwegman, Michael  
3051 Tech Dr.  
STE 100  
St. Petersburg, FL 33716

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2025	02/21/2025

**Document Images**

[02/21/2025 -- ANNUAL REPORT](#) [View image in PDF format](#)

[11/22/2024 -- Florida Limited Liability](#) [View image in PDF format](#)