

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ F	RENEWAL						
SERVICE TYPE: Wheelchair							
TYPE OF ENTITY: Sole Proprie	etor 🔲 Partnership 🔲 l	Non-Profit Corporation					
ORGANIZATION NAME:		HOURS OF OPERATION: 24-HOUR					
Med-Trans Corporation DBA AirS	tar 1	A.M. to □A.M. / □P.M.					
ADDRESS 1:		PHONE:					
3405 Flightline Drive		727-403-5792					
ADDRESS 2:		FAX:					
CITY, STATE, ZIP CODE:							
Lakeland FL 33811							
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER	R & E-MAIL:					
Kim Montgomery, President	940-591-5	i810 kimberly.montgomery@gmr.net					
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER	R & E-MAIL:					
David Bowman, Vice President	940-591-5	940-591-5810 david.bowman@gmr.net					
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBE	PHONE NUMBER & E-MAIL:					
John Schreadley	727-403-5	727-403-5792 john.schreadley@adventhealth.com					
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBE	PHONE NUMBER & E-MAIL:					
John Schreadley	727-403-5	727-403-5792 john.schreadley@adventhealth.com					
Incorporation, Certification of Fictitious I	Name (d.b.a) if applicable, I	n, Vehicle Roster(s), Driver Roster(s), Certificate of Insurance Verification for the highest level of service as per County Driver Certification Requirements.					
		by acknowledge this certificate may be suspended or the Pinellas County Code or Rules and Regulations.					
SIGNATURE OF APPLICANT:		DATE:					
HE		9-27-25					
STATE OF FLORIDA							
COUNTY OF VOIMSIA							
Subscribed and sworn to (or affirmed) b	efore me this 9/27/201	25 by Bowling chary Richard, who					
is/are personally known to me or has/ha	ve produced <u>Plovida</u>	Drivie Lieuse as identification.					
DONIKA PAT Notary Public - State Commission # HH My Comm. Expires M Bonded through National N	e of Florida 672420 lay 5, 2029 Notary Assn.	Souce Name of Notary typed, printed or Form stamped)					
Form A. Rev. 02/06/2017							



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	Med-Trans Corp. DBA AirStar 1

Date: 09-23-2025

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

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Med-Trans Corp. DBA AirStar 1	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
AS1	N865M ⁻	S/N:2212													
2.	FL#2133														
3.															
4.															
5.															
6.															
7.															
8.												-			
9.															
10.															
11.															
12.															

EMS INSPECTOR:	Date:
----------------	-------

AirStar 1 Medical Crew Roster

Crew member Role	Name	Lic/Cert Number	Expiration
Paramedic	Mark Adams	507417	December 1 2026
Paramedic	Patrick Mcmahon	531508	December 1 2026
Paramedic	Christopher Springer	532057	December 1 2026
Paramedic	Victor Virgillio	524212	December 1 2026
Paramedic	Kenneth Kaul	519115	December 1 2026
RN/Paramedic	William Baxley	526844/RN 9528632	July 31 2026
RN/Paramedic	Jessica Dunn	540039/ RN 9505602	July 31 2026
RN/Paramedic	Brendon Sanders	537034/ RN 9505603	July 31 2026
RN/Paramedic	Patrick Pultz	541664 RN 9318255	July 31 2026
RN/Paramedic	William Johnson	531394/ RN 9354356	July 31 2026
RN/Paramedic	Jamie Stephens Davenport	545838 / RN 1120859	July 31 2026

#4

AirStar1 Pilot Roster Info

Updated 09/26/2025

Nick Herle

Ryan Gormley

Brian Swinney

Line Pilot Line Pilot

Base Aviation Manager

Paul DiMaggio Line Pilot

#7

Med-Trans Rates Base rate: \$45,950 Loaded mile rate \$458



CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY) 08/14/2025

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).

Aon Ris	k Services	Cen	tral.	Inc.					NAME:						- Control of Control				
hilade	Iphia PA C	Office							PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105										
100 North 18th Street 16th Floor						E-MAIL ADDRESS:													
hilade	lphia PA 1	19103	USA						PROD	UCER OMER	ID#: 5700	000073826	5						
														COVERAGE			9	6	NAIC
INSURED							INSUR	ER A:	Starr Inc	demnity &	Liabili	ty Company			26	50 38	3318		
	Medical Re lendum for			nc. Named Insur	red				INSUR	ER B:									
400 St	ate Highwa	y 12:	1, Su	ite 700					INSUR	ER C									
.ewisvi	11e TX 750) 30 U.	SA						INSUR	ER D									
									INSUR	ER E:									
									INSUR										
INDICA CERTI	ATED. NOTW FICATE MAY	ITHST BE IS	ANDIN SUED	IG ANY REQU	JIREMEN RTAIN, T	NT, TERM (THE INSUR	OR CO	NDITIC AFFOR	ON OF AN	Y TH	ONTRAC E POLICI	T OR OT	HER C	ED NAMED AB DOCUMENT W D HEREIN IS MS.	ITH F SUBJ	RESPECT	T TO WE	IICH TEF	THIS RMS,
OLICY	INFORMAT	ION		CERTIF	CATE	NUMBER	: 5701	114925	5958				RE	VISION NUI	MBE	R:			
			POLI	ICY TYPE								LINE O	BUSIN	ESS SUBCODE					
IND	USTRIAL AID		PLEAS	SURE & BUS	cc	OMMERCIAL	×	AIRPL	ANE	Х	HELICOP	TER		MIXED FLEET		EXCESS		UOTA	SHAR
- NO	ON-OWNED	Х	As En	ndorsed Hereor				LIABILI	ITY ONLY	X	HULL & L	IABILITY		HULL ONLY		1			
IDCDA	FT INFORM	MATIO	N I	ACCO	DD 223	3, Aircraft	School	dulo A	ttachor	4				A. C.					
	MAKE	MIIO	IN	ACCO	MODEL	<u> </u>	Scrie	uule A	Mache	_	RIAL NUMB	ER			REGIS	TRATION N	NUMBER		
ERRITOR	Y:																		
IRCRA	FT COVER	AGES																	_
2911	ETTER POLIC						EFF	ECTIVE	DATE EX	PIRAT	ION DATE	ADDITION	IAL INSU	JRED ? (Y/N)	T	SUBROGAT	ION WAIV	ED? (Y	/N)
Α			562516					09/01/20			1/2026		Ν				Ν		
COVERAG	GE .			ОР	PTIONS	į.			LIMIT			APPLI	ES TO	LIMIT			APPLI	ES TO	
AIRCRAI	FT HULL		1										-						
		-			+				\$50,000,00	00		EA OCC					EA PER		
AIRCRAF	T LIABILITY								***************************************							1			
					Х	CSL						EA PASS					AGGR		
		×	INCLU	JDING CREW															
MEDICAL	PAYMENTS		EXCL	UDING CREW				ľ	\$25,000			EA PER							
	COVERAGE	Ь																	
CODE	DESCRIPTION	1		c	OPTIONS			- 1	LIMIT			APPL	ES TO	LIMIT			APPL	ES TO)
			\vdash		-														
			\vdash		-+			_				 							
			\vdash		-														
			\vdash									-							
					L														
ESCRIP	TION OF OP	ERAT	ONS /	REMARKS (A	ACORD	101, Additio	onal Re	emarks	Schedu	ıle, n	nay be att	tached if	more	space is requi	red)				
E: A	ll Schedul	ed Ai	rcraf	t.															

CERTIFICATE HOLDER

Pinellas County, A Political Subdivision of the State of Florida 400 S. Fort Harrison Ave. Clearwater FL 33744 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Son Rish Services Central, Inc.

AGENCY CUSTOMER ID: 570000073826

LOC #:



ADDITIONAL REMARKS SCHEDULE Page _ of _

AGENCY		NAMED INSURED				
Aon Risk Services Central, Inc.		Global Medical Response, Inc.				
POLICY NUMBER See Certificate Number: 570114925958						
CARRIER	NAIC CODE					
See Certificate Number: 570114925958		EFFECTIVE DATE:				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 FORM TITLE: Certificate of Aircraft Insurance
Insurer
(1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562516 (Lead 26.5%) (2) Air Centurion Insurance Services, Inc. on Behalf of SiriusPoint America Insurance Company Policy No. ACOGSP0007910 (22.5%)
(3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No.
(4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850806 (10.0%)
(5) AXA XL Policy No. UA00021284AV25A (2.5%) (6) Great American Insurance Company Policy No. QSE42695706 (5.0%)
(7) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6068133 (4.5%) (8) Lloyd's of London Aon UK Policy No. AVCHEZ502096 (11.5%) (9) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG Policy No. STH 2-3557 (7.5%)

AGENCY CUSTOMER ID: 570000073826

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY		NAMED INSURED	
Aon Risk Services Central, Inc.		Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114925958			
CARRIER	NAIC CODE		
See Certificate Number: 570114925958		EFFECTIVE DATE:	

ADDITIONAL REMARKS

ADDITIONAL REMARKS								
THIS ADDITIONAL R	EMARKS FO	RM IS A SCHEE	DULE TO ACORD FORM,					
FORM NUMBER:	ACORD 21	FORM TITLE:	Certificate of Aircraft Insurance					

Other Coverages/Conditions/Remarks

Territory: Worldwide excluding Russia, Ukraine, Belarus and Sudan Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured. Hull War & Extended Perils: Subject to policy annual aggregate limit of \$200,000,000.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

AGENCY CUSTOMER ID: 570000073826

LOC #:



ADDITIONAL REMARKS SCHEDULE Page _ of _

AGENCY		NAMED INSURED	
Aon Risk Services Central, Inc.		Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114925958			
CARRIER	NAIC CODE		
See Certificate Number: 570114925958		EFFECTIVE DATE:	

CARRIER	NAIC CODE				
See Certificate Number: 570114925958		EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: ACORD 21 FORM TITLE: Certificate of Aircraft Insurance					
Named Insured					
GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAS MORE FULLY ENDORSED, INCLUDING MED-TRANS Med-Trans Corporation dba Hospital Wing and		OLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND N, Med-Trans Corporation DBA Med-Star Air Care, Corporation dba St. Joseph Air Med 12			
		1,1			
4					
=					
		5			

NOTICE: LEAD POLICY NO.

SASICOM60005625-16 RENEWED BY
ENDORSEMENT FOR THE TERM 9/1/20259/1/2026. ALL PREVIOUSLY ISSUED
ENDORSEMENTS FROM THE PRIOR 3
YEARS ARE STILL ACTIVE AND VALID AND
CAN BE APPLIED TO THIS RENEWAL
CERTIFICATE UNLESS OTHERWISE
SPECIFIED.

