



# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

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: <u>Wheelchair/Stretcher Limo, Inc</u>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>6</u> A.M. to <u>6</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M. <u>Monday-Saturday</u>
ADDRESS 1: <u>6030 Massachusetts Ave</u>		PHONE: <u>727 845-4454</u>
ADDRESS 2:		FAX: <u>727 841-7225</u>
CITY, STATE, ZIP CODE: <u>NewPort Richey, Florida 34653</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>ToLyn Spivey</u>	PHONE NUMBER & E-MAIL: <u>(813) 205-5051 stretchedlimo.inc@gmail.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE: <u>David Smith</u>	PHONE NUMBER & E-MAIL: <u>352 346 0926 Davidsmith@wheelchairstretcherlimo.com</u>	
BUSINESS HOURS POINT-OF-CONTACT: <u>David Smith</u>	PHONE NUMBER & E-MAIL: <u>727 845 4454</u>	
AFTER HOURS POINT-OF-CONTACT: <u>David Smith</u>	PHONE NUMBER & E-MAIL: <u>352 346 0926</u>	

**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: [Signature] DATE: 4-30-2018

STATE OF FLORIDA  
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 30<sup>th</sup> April 2018 by David Smith, who is/are personally known to me or has/have produced \_\_\_\_\_ as identification.

(SEAL)



Rachel Mancuso

(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/Stretcher Limo

Date: April 30, 2018

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





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

Name of Service: Wheelchair/ Stretcher Limo, Inc 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. <u>42</u>	<u>DWA060</u>	<u>1FTNS1EW0EDA90947</u>													
2. <u>48</u>	<u>EFWQ89</u>	<u>1FTYE2CM3HKA19494</u>													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Wheelchair/Stretchers Limo, Inc 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. 36	ALSS33	1FTNE1EW3BDA04310													
2. 38	925WII	1FTNE1EW7CDB18263													
3. 39	CRMR36	1FTNE1EW5EDA22280													
4. 42	DWAD60	1FTNS1EWOEDA90947													
5. 43	DWAD62	1FTNE1EW1EDA97512													
6. 44	EFWQ87	1FMZK1CM3FKA55489													
7. 45	ERG43	NM06E9E78F1175509													
8. 46	EPAA47	1FMZ1CM5FKB23291													
9. 47	926WII	1FTYE1CM66KA67041													
10. 48	EFWQ89	1FTYE2CM3HKA19494													
11.															
12.															





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

Name of Service: Wheelchair/Stretcher Limo, Inc 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.	Bellingar, Gregory Greg	B 452-297-76-220-0	06-26-2022	06-26-1976	571761
2.	Hill, Linda	H 400-537-58-771-0	07-31-2021	07-31-1958	571025
3.	Holt, Paul	H 430-681-69-349-0	09-29-2022	09-29-1969	571386
4.	Rodriguez, Edgardo Eddie	R 362-203-88-386-0	10-26-2024	10-26-1988	571759
5.	Ruiz, Alfred	R 200-006-72-103-0	03-23-2019	03-23-1972	
6.	Spencer, Paul	S 152-699-47-184-0	06-24-2019	06-24-1947	571517
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/28/18

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).

<b>PRODUCER</b> VARNO INSURANCE AGENCY 1507 S ALEXANDER ST PLANT CITY, FL 33563	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 813-763-0298 FAX (A/C, No): 813-315-6343 E-MAIL: mvamo@varnoinsuranceagency.com ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: NATIONAL INTERSTATE INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> WHEELCHAIR STRETCHER LIMO INC 6030 MASSACHUSETTS AVE New Port Richey FL 34653	

## 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 SUBR INSD W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		EGL0000619-06	1/28/2018	1/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HOLD AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		EAL0000619-06	1/28/2018	1/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					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 <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

PINELLAS COUNTY EMS  
12490 ULMERTON RD  
LARGO FL 33774

## 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

*Michael J. Varano*

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