

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE : ☑ NEW ☐ RENEWAL	
SERVICE TYPE:	☐ ALS Interfacility ☐ ALS Non-Transport ☐ ALS Helicopter ☐ ALS Transport
TYPE OF ENTITY: Sole Proprietor Part	nership Non-Profit Corporation Corporation
ORGANIZATION NAME:	HOURS OF OPERATION: 24-HOUR
PH Transportation LLC	8 A.M. to 6 □A.M. / ☑P.M.
ADDRESS 1	PHONE:
2520 N. McMullen Booth Rd B #117	317-795-7211
ADDRESS 2	FAX:
CITY, STATE, ZIP CODE:	
Clearwater, FL 33761	
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Brittany Glasco	317-795-7211 phtransport@contractor.net
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Brittany Glasco	317-795-7211 phtransport@contractor.net
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Brittany Glasco	317-795-7211phtransport@contractor.net
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Brittany Glasco	317-795-7211 phtransport@contractor.net
Incorporation, Certification of Fictitious Name (d.b.a) i	ification Form, Vehicle Roster(s), Driver Roster(s), Certificate of applicable, Insurance Verification for the highest level of service ew applications per County Driver Certification Requirements.
revoked if at any time the firm fails to meet all of the re-	firm, do hereby acknowledge this certificate may be suspended or quirements of the Pinellas County Code or Rules and Regulations.
SIGNATURE OF APPLICANT: Drittany Moco	DATE: 04/11/2019
STATE OF FLORIDA Indiana	/
COUNTY OF Manon	
Subscribed and sworn to (or affirmed) before me this	april 11,2019 by Jennifer Dasswein, who
	PP chauffeur License as identification.
JENNIFER D. GESWEIN Marion County My Commission Expires November 25, 2022 (SEAL)	Jennifier D Geswein
OV	(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:	PH Transportation LLC

Date: 04/11/2019

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.							
8.1	Written record contains: • Date Call Received							
	Time Call Received	BG						
	 Pick-up & Destination Address 	BG						
	Arrival Time at Destination	BG						
	Client's Name	BG						
	 Person Ordering Transport 	BG						
	 Telephone Number of Caller (*if applicable) 	BG						
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	BG						
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	BG						
8.1	Dispatch audio & written/electronic records shall be available for inspection.	BG						

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

ADMINIS	S & FIRE	Provide Unit, Tag and VII	N number	rs for all v	ehicles.	If more li	nes are n	eeded, it	is accept	able to c	opy this fo	orm. A C	Page: _ Company F	Roster ma	
Unit Number	Florida Vehicle Tag Number	attached, as long as all re 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 so working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger ad 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
·	Z784H)	IFBAX ZXM3HKA11065	/	/	/	/	/	/	/	V	1	/	/	/	/
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1.															
2.								15.							
Form C-1 R	ev. 02/06/201	7	FMS II	NSPECTO	OR.					Date	٠				



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

Name of Service: TH 12 ms Pennaman	Page: \ of]	
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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 #
GLASCO, BRITTANY DANIELE	G420-064-86-745-0	7-5-27	7-5-86	
3.				
5.	-			
6.				
7.				
B		_		
10.				
11.				
13.				
14.				
15.				
6.				

PHTRANS-01

SPARRISH



CERTIFICATE OF LIABILITY INSURANCE

10/1/2019

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

tl	f SUBROGATION IS WAIVED, subje his certificate does not confer rights t	o the	cert	ificate holder in lieu of s	uch end	dorsement(s)).	require an endorsemen	it. A S	tatement on		
PRODUCER Sovereign Risk Solutions, LLC					CONTACT Sherry Parrish PHONE (A/C, No, Ext): (678) 996-3405 FAX (A/C, No):							
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#		
				INSURE	+							
INSL	URED				INSURE	20087						
	PH Transportation & Deliver	y, LL	.C		INSURER C:							
	6321 113th Street North Apt 110					INSURER D : INSURER E :						
	Seminole, FL 33772											
					INSURE				-			
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	REMI	ENT, TERM OR CONDITIC THE INSURANCE AFFOR	ON OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	ECT TO	WHICH THIS		
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	COMMERCIAL GENERAL LIABILITY	11100	11.10					EACH OCCURRENCE	\$	300,000		
	CLAIMS-MADE OCCUR			CIP373283		9/12/2019	9/12/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
				Assessment and the second				MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	600,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	600,000		
	OTHER:						50	SAM	\$	300,000		
В	AUTOMOBILE LIABILITY				1_000			COMBINED SINGLE LIMIT (Ea accident)	\$	300,000		
	ANY AUTO			74APS089238		9/12/2019	9/12/2020	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	200			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY								s			
	UMBRELLA LIAB OCCUR						* 100	EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	DECOMM FIGURE OF ELECTRONIC BOOM											
DES Pine	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ellas County is listed as a certificate hol	LES (A	ACORE) 101, Additional Remarks Sched	lule, may b	e attached if mor	e space is requi	red)				
					0.41/	OF LATION						
CE	RTIFICATE HOLDER				CANC	CELLATION						
	Pinellas County 12490 Ulmerton Rd 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.								
					AUTHO	RIZED REPRESE	NTATIVE					