

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL	
SERVICE TYPE: Vheelchair Transport tretcher Transport	LS Interfacility LS Helicopter LS Transport
TYPE OF ENTITY: Sole Proprietor Partners	hip Non-Profit Corporation Corporation
ORGANIZATION NAME:	HOURS OF OPERATION:
Anda Transportation	A.M. to A.M. / P.M.
6406 68th AVE N ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE:	
Pinellas Park FL. 33781	
OFFICER/DIRECTOR NAME & TITLE: PHO	ONE NUMBER & E-MAIL:
Anniel Ques a da/Owner 73 vice officer/director NAME & TITLE: PHO	27.557.9664/anclagu@gmail.com
Claudia Varela/OW/er 78 BUSINESS HOURS POINT-OF-CONTACT: PHO	27.851.0638/andagv@gmailcon
	27.851.0638
	DNE NUMBER & E-MAIL:
	ion Form, Vehicle Roster(s), Driver Roster(s), Certificate of blicable, Insurance Verification for the highest level of service pplications per County Driver Certification Requirements.
	do hereby acknowledge this certificate may be suspended or ments of the Pinellas County Code or Rules and Regulations.
SIGNATURE OF APPLICANT:	DATE:
Vandu V. Annie Av	12/27/19 03-06-2020
STATE OF FLORIDA	
COUNTY OF Dinellas taxo	
Subscribed and sworn to (or affirmed) before me this	
DIMITRI TAGAROPOULOS Notary Public - State of Fiorida Commission # GG 363096 My Comm. Expires Sep 21, 2023	as identification.
(SEAL) Dimitri	Tagaeopoulos
Form A. Rev. 02/06/2017	(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: Ancia Transportation LLC

Date: 12-24-2019

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	AQ CV
	*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.	AQ CV
8.1	Written record contains:	1 =
	Date Call Received	AQ CV
	Time Call Received	ARCV
	Pick-up & Destination Address	AGCV
	Arrival Time at Destination	AQCV
	Client's Name	AG CV
	Person Ordering Transport	A Q CV
	Telephone Number of Caller (*if applicable)	AU CV
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	AR CV
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	Ad CV
8.1	Dispatch audio & written/electronic records shall be available for inspection.	AR CV

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Ancla Transportation				
		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) 2D4RN3DG2BR637744	X 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
2.	1000			X	Χ	X	X	Χ	Χ	Χ	X	Х	X	Χ	Χ
3.															
4.															
5.															
6.															
7															
8															
9.															
10.															
11.															
12.															

Form C-	1 Rev	02/06/2017

EMS INSPECTOR:	Date:



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

Name of Service:	Ancla	TRANSPORTATION	LLC	Page: of	1
	11				

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#
vesada Anniell	Q 232-000-98-135-0	04-15-2024	04-15-1998	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2020

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				NAME:	r araiyn i	Diaz				
Garzor Insurance				PHONE (A/C, No	o, Ext): (321) 2	06-8035	FA (A	X /C, No):	(321) 2	51-7720
4369 HUNTERS PARK LANE				E-MAIL ADDRE		s@garzorinsu				
						SURER(S) AFFO	RDING COVERAGE			NAIC#
Orlando			FL 32837	INSURE	RA: GRANA	. ,				16870
INSURED			· · · · · · · · · · · · · · · · · · ·	INSURE			212 7 77			
Ancla Transportation LLC				INSURE	STATE OF THE STATE					
6086 68th Ave				INSURE		1910			$\overline{}$	
				INSURE			1 5		-+	
Pinellas Park			FL 33782	INSURE			The state of the state of		+	
	TIFIC	ΔTE	NUMBER:	INSUKE			REVISION NUMBE	p.		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	F INSU UIREM TAIN, POLICIE	IRANO ENT, THE I ES. LI	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON	TRACT OR OT LICIES DESCR DUCED BY PAI	NSURED NAM THER DOCUM RIBED HEREIN D CLAIMS.	ED ABOVE FOR THE ENT WITH RESPECT	POLICY TO WH	ICH THIS	
TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	322 4234	LIMIT	3	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrer	nce)	\$	
							MED EXP (Any one pers	on)	\$	
							PERSONAL & ADV INJU	JRY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATI	E	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	AGG	\$	
OTHER:								- 1	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	AIT TIN	\$	300,000
ANY AUTO		1					BODILY INJURY (Per pe	erson)	\$	
A OWNED AUTOS ONLY SCHEDULED AUTOS			0110FL00041503		01/23/2020	01/23/2021	BODILY INJURY (Per ac	cident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
		- 1					P.I.P.		\$	10,000
UMBRELLA LIAB OCCUR						*	EACH OCCURRENCE		\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	$\overline{}$	\$	
DED RETENTION\$	1								S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMP	LOYEE	5	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT :	5	
					- 12 - 27	1 - 4 - 14				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Schedule Vehicle: 2011 DODGE CARAVAN VIN#: 2D4RN3E				ule, may	be attached if mo	ore space is requ	uired)			
CERTIFICATE HOLDER				CANC	ELLATION					
Pinellas County				THE	EXPIRATION D	ATE THEREO	ESCRIBED POLICIES F, NOTICE WILL BE Y PROVISIONS.			BEFORE
400 S Fort Harrison Ave,					IZED REPRESEN					
Clearwater FL 33756				Mariana Zorrilla						