




# 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>Med-Trans Bayflite</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>8901 Airway Blvd</b>		PHONE: <b>727-893-6010</b>	
ADDRESS 2:		FAX:	
CITY, STATE, ZIP CODE: <b>New Port Richey, FL 34654</b>			
OFFICER/DIRECTOR NAME & TITLE: <b>Rob Hamilton, President</b>		PHONE NUMBER & E-MAIL: <b>940-591-5810 robert.hamilton@med-trans.net</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>Kim Montgomery, COO</b>		PHONE NUMBER & E-MAIL: <b>940-591-5810 Kimberly.Montgomery@GMR.net</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>Karen Thurmond</b>		PHONE NUMBER & E-MAIL: <b>321-228-7595 karen.thurmond@GMR.net</b>	
AFTER HOURS POINT-OF-CONTACT: <b>Karen Thurmond</b>		PHONE NUMBER & E-MAIL: <b>321-228-7595 karen.thurmond@GMR.net</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>Karen Thurmond</i>		DATE: <i>Sept 25, 2020</i>	
STATE OF FLORIDA COUNTY OF <u>SEMINOLE</u> Subscribed and sworn to (or affirmed) before me this <u>25<sup>th</sup></u> day of <u>September, 2020</u> by <u>Karen Thurmond</u> , who is/are personally known to me or has/have produced <u>FL DL</u> as identification.			
(SEAL) <i>Christine Cary</i>		<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>CHRISTINE CARY</b> MY COMMISSION # GG134003 EXPIRES August 13, 2021</div>	
(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: \_\_\_\_\_

Date: \_\_\_\_\_

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



John F. Throne & Co. is a division of Alliant Insurance Services, Inc.

## CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: PINELLAS COUNTY EMS & FIRE ADMINISTRATION  
12490 ULMERTON RD - SUITE 134  
LARGO, FL 33744

NAMED INSURED: GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR  
MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS  
CORPORATION  
209 STATE HIGHWAY 121 BYPASS, SUITE 21  
LEWISVILLE, TX 75067

POLICY PERIOD: 09/01/2020 to 09/01/2021  
INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (LEAD)  
AND FOLLOWING MARKETS AS HELD ON FILE

### AIRCRAFT PHYSICAL DAMAGE COVERAGE ALL RISKS, GROUND & IN-FLIGHT

LEAD POLICY NO.: SASICOM60005620-11

REGISTRATION NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORED
ALL SCHEDULED AIRCRAFT			AS HELD ON FILE		

### AIRCRAFT LIABILITY COVERAGE WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

LEAD POLICY NO.: SASICOM60005620-11

#### LIABILITY COVERAGES

#### LIMITS OF LIABILITY

**Bodily Injury** Excluding **Passengers**  
**Property Damage**  
**Passenger Bodily Injury**  
Single Limit Including **Passengers**,  
With **Passenger** Liability Limited To

EACH PERSON  
\$  
\$ XXXX  
\$  
\$ XXXX  
\$

EACH OCCURRENCE  
\$  
\$  
\$  
\$50,000,000  
\$ XXXX

#### OTHER COVERAGES/CONDITIONS/REMARKS:

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.

FOR INFORMATIONAL PURPOSES ONLY.

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

CERTIFICATE NO.: 001a This replaces Certificate No. 1  
issued September 21, 2020

DATE: 09/24/2020

BY: 

1420 5<sup>th</sup> Avenue, Suite 1500 • Seattle, WA 98101 • Tel: (206) 622-3636 • Fax: (206) 623-6286

FORM TX COI 03 (REV 07/2017)



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AND FOLLOWING MARKETS AS HELD ON FILE

### AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005620-11

WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

#### LIABILITY COVERAGES

#### LIMITS OF LIABILITY

**Bodily Injury** Excluding **Passengers**  
**Property Damage**  
**Passenger Bodily Injury**  
Single Limit Including **Passengers**,  
With **Passenger** Liability Limited To

EACH PERSON

\$  
\$ XXXX  
\$  
\$ XXXX  
\$

EACH OCCURRENCE

\$  
\$  
\$  
\$50,000,000  
\$ XXXX

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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.

FOR INFORMATIONAL PURPOSES ONLY.

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

CERTIFICATE NO.: 001

DATE: 09/21/2020

BY:

1420 5<sup>th</sup> Avenue, Suite 1500 • Seattle, WA 98101 • Tel: (206) 622-3636 • Fax: (206) 623-6286

FORM TX COI 03 (REV 07/2017)



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

Name of Service: Bayflite Page: 01 of 01

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. BF 3	N228MT			x	X	X	x	X	X		X	X	X	x	x
2. BF 4	N911WA			x	x	x	x	x	x		x	x	x	x	x
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

**\*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/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.															
2.															
3.															
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11.															
12.															



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

Name of Service: Bayflite Page: **01** of **01**

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. Please see attached personnel list.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**AIR AMBULANCE SERVICE LICENSE**

This is to certify that: MED-TRANS CORPORATION DBA BAYFLITE Provider Number # 9514  
Name of Provider

8901 AIRWAY BLVD. NEW PORT RICHEY, FLORIDA 34654  
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

HERNANDO, HILLSBOROUGH, PASCO  
County(s)

Steve A. McCoy  
Emergency Medical Services Administrator  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 05/05/2022**

This certificate shall be posted in the above mentioned establishment



Bayflite Staff Licenses:

<b>Heather Cady</b>	<b>RN</b>	<b>GF39989 (Maine Compact)</b>
<b>Kenneth McCurry</b>	<b>RN</b>	<b>RN9470804</b>
	<b>PMD</b>	<b>PMD534531</b>
<b>Jessica Dunn</b>	<b>RN</b>	<b>RN9505602</b>
<b>James Johnson</b>	<b>RN</b>	<b>RN9336847</b>
	<b>PMD</b>	<b>PMD536542</b>
<b>Christopher Howell</b>	<b>PMD</b>	<b>PMD533200</b>
<b>Nicholas Fatolitis</b>	<b>PMD</b>	<b>PMD530868</b>
<b>Jarrick Stoner</b>	<b>PMD</b>	<b>PMD534546</b>
<b>Andrew Harriman</b>	<b>PMD</b>	<b>PMD523262</b>
<b>Glenn Hull</b>	<b>PMD/RT</b>	<b>PMD512792</b>
<b>Brendon Sanders</b>	<b>RN</b>	<b>RN9505603</b>
	<b>PMD</b>	<b>PMD537034</b>
<b>Kelly Andrews</b>	<b>RN</b>	<b>RN9216625</b>
<b>Jaciel Rodriguez</b>	<b>RN</b>	<b>RN9421324</b>
<b>Justin Andrews</b>	<b>PMD</b>	<b>PMD516388</b>
<b>Kenny Sweitzer</b>	<b>PMD</b>	<b>PMD532259</b>
<b>Caleb Hudak</b>	<b>PMD</b>	<b>PMD530171</b>
<b>Jon Blinkey</b>	<b>PMD</b>	<b>PMD522723</b>
<b>Jodi Pritchard</b>	<b>RN</b>	<b>RN9523807</b>
	<b>PM</b>	<b>PMD535196</b>
<b>Joseph Bricklemeyer</b>	<b>Pilot</b>	
<b>Rob Prichard</b>	<b>Pilot</b>	
<b>Clint Blankenship</b>	<b>Pilot</b>	
<b>Luis Sanchez</b>	<b>Pilot</b>	
<b>Todd Boehm</b>	<b>Pilot</b>	
<b>Todd Curabba</b>	<b>Pilot</b>	
<b>Tony Hudson</b>	<b>Pilot</b>	
<b>Gary Bennett</b>	<b>Pilot</b>	