

# APPLICATION FOR CERTIFICATE OF PUBLIC COMVENIENCE AND NECESSITY

APPLICATION TYPE:	DNEW PRENEWAL						
SERVICE TYPE:	Wheelchair Transport  Stretcher Transport	ALS Interfaci		nsport nt			
TYPE OF ENTITY:	Sole Proprietor Partr	nership \( \square\) Non-P	rofit Corporation	orporation			
ORGANIZATION NAME:			HOURS OF OPERATION:	☑24-HOUR			
Ancia Transportatio	THE LLC		A.M. to	DAM. / DP.M.			
ADDRESS 1: 6406 68th ave n			727-851-0638				
ADDRESS 2:			FAX:				
PINELLAS PARK FI							
OFFICER/DIRECTOR NAME & T		PHROME NUMBER & E.M.	anciaqv@gmail.com				
Anniel Quesada Ow							
Claudia Varela DIAZ	E & IIILE: 2 (0 - OWNCR	7270851-0638 Anclaqv@gmail.com					
BUSINESS HOURS POINT-OF-C		PHONE NUMBER & EMANT					
8am-5pm		727-851-0638					
AFTER HOURS POINT-OF-CONT	TACT:	PHONE NUMBER & E-MAIL:					
ncorporation. Certification	ENTS: Record Keeping Veron of Fictitious Name (d.b.a) is schedule. Also include any n	if applicable, Insura	ance Verification for the	highest level of service			
the undersigned representations the evoked if at any time the	sentative of the above named e firm fails to meet all of the re	firm, do hereby acquirements of the F	knowledge this certificate inellas County Code or	te may be suspended or Rules and Regulations.			
IGNATURE OF APPLICANT:	$\sim$		DATE:				
Am de la	- VaudiaV.		4-2-20	2/			
TATE OF FLORIDA OUNTY OF LINE	Mas						
ubscribed and sworn to	(or affirmed) before me this	April 2 2024	by Anniel Qu	esada, who			
	o me or has/nave produced _	Floric		as identification.			
EAL)	· Normalian	JENNIFER WINTER Notary Public - State of Fl Commission // GG 2840 My Comm. Expires Dec 18, ed through National Notary	29 2022 Assn.				
m A. Rev. 02/06/2017		(Nam	e of Notary typed, print	ed or Form stamped)			



#### WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

### Pinellas County Rules and Regulations, as Amended

Name of Service: Ancla Transportation LLC

Date: 17-29-2019

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:  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)	AQ CV AQ CV AQ CV AQ CV AQ CV AQ 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: <b>1</b> of <b>1</b>
Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptal attached, as long as all required information is included. Contact EMS & Fire Administration	able to copy this farm. A Company

	T												αρροιπι	morne.	
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	IYCW51	2D4RN3DG2BR637744	Х	Χ	Х	Х	Х	X	Χ	X	X	X	X	X	X
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12.															

Form	C-1	Rev.	02/06/2017
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EMS INSPECTOR:	
LIVIS INSPECTOR:	Date:
	Date.



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

Name of Service:	Ancla	TRANSPORTATION	LLC	Page:	 of	1
	71					

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 #
WesAld Annill	Q 232-000-98-135-0	04-15-2024	04-15-1998	
		3		



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/6/2021

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 co		\ /	
PRODUCER		NAME: Germarie Del Valle	
Garzor Insurance		(A/C, NO, EXI).	517720
4369 HUNTERS PARK LANE		ADDRESS: certificates@garzorinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Orlando	FL 32837	INSURER A: SCOTTSDALE INS CO	41297
INSURED		INSURER B: GRANADA INSURANCE CO	16870
Ancla Transportation LLC		INSURER C:	
6406 68TH AVE N		INSURER D:	
		INSURER E:	
PINELLAS PARK	FL 33781	INSURER F:	
COVERAGES CERTIFICATION CONTRACTOR CONTRACTO	TE NUMBER:	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIREME	NT, TERM OR CONDITION OF	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.	HIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 300,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α					CPS7351004	04/23/2021	04/23/2022	PERSONAL & ADV INJURY	\$ 300,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 600,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 600,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		ANY AUTO				01/23/2021	01/23/2022	BODILY INJURY (Per person)	\$
В		OWNED AUTOS ONLY SCHEDULED AUTOS			0110FL00041503-1			BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								P.I.P.	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedule, may	be attached if m	ore space is requ	uired)	

Schedule Vehicle:

2011 DODGE GRAND CARAVAN Vin# 2D4RN3DG2BR637744

CERTIFICATE HOLDER	CANCELLATION
Pinellas County, A Political Subdivision of the State of Florida	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 South Fort Harrison Ave Clearwater, FL 33756	AUTHORIZED REPRESENTATIVE  Mariana Zorrilla