

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE : ☑ NEW ☐ RENEWAL								
SERVICE TYPE: Wheelchair Transport Stretcher Transport	ALS Interfacility ALS Helicopter	ALS Non-Transport ALS Transport						
TYPE OF ENTITY: Sole Proprietor Pa	tnership	ration						
ORGANIZATION NAME:	HOURS OF	OPERATION: 24-HOUR						
Medpro International Inc	4	_ A.M. to 10						
ADDRESS 1:	PHONE:							
13575 58th St N								
ADDRESS 2:	FAX:							
#240								
CITY, STATE, ZIP CODE:								
Clearwater FI 33760								
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:							
Rolando dumagan	727-641-6272 Rolo@my	rtranscare.com						
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:							
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	& E-MAIL:						
Rolando Dumagan	727-641-6272 Rolo@my	2 Rolo@mytrar scare.com						
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	E-MAIL:						
Rolando Dumagan	727-641-6272 Rolo@my	Rolo@mytranscare.com						
REQUIRED ATTACHMENTS: Record Keeping Ve Incorporation, Certification of Fictitious Name (d.b.a) provided, and retail rate schedule. Also include any	if applicable, Insurance Verifica	ation for the highest level of service						
I, the undersigned representative of the above name revoked if at any time the firm fails to meet all of the re								
SIGNATURE OF APPLICANT:	DATE:	5/2025						
STATE OF FLORIDA								
COUNTY OF Pasco								
Subscribed and sworn to (or affirmed) before me this	5/5/2021 by Rola	de Duman - who						
is/are personally known to me or has/have produced $\frac{1}{2}$, $\frac{1}{2}$, $\frac{1}{2}$ as identification.								
	Lav Pile	LISA MILLER						
(SEAL)		Notary Public - State of Florida Commission # GG 246069 My Comm. Expires Aug 7, 2022						
(SEAL)	Bon	ded through National Notary Assn.						
Form A. Rev. 02/06/2017 The foregoing instrument was acknowledged by me by	(Name of Notary ty	ped, printed or Form stamped)						
means et [Nhysical Presence or [] Online Notarization	The state of the s							



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:		Medpro International Inc				
Date.	5/3/2021					

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

Form B Rev. 02/06/2017



Form C-1 Rev. 02/06/2017

WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Medpro International Inc	Page:	1(of	1
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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
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2.															
3.															
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11.															
12.															

EMS INSPECTOR: _____ Date: _____



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

Name of Service:	Medpro International Inc	Page:	of	

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 #
Dumagan Rolando	d-525-720-74-288-0	08-08-2027	08-08-1974	n/a
2.				
3.				
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16.				

NPACK

CERTIFICATE OF LIABILITY INSURANCE

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

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to					require an endorseme	nt. As	tatement on			
PROI	DUCER			CONTACT NAME:							
	earch Underwriters Greensburg Pike			PHONE (A/C, No, Ext): (412) 3	351-5818						
Pitts	burgh, PA 15221			E-MAIL ADDRESS:							
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #			
				INSURER A : Atain S	pecialty Ins	Со		17159			
INSU	RED			INSURER B : Contine	ental Divide	Insurance Company	/	35939			
	MedPro International Inc			INSURER C:							
	13575 58th St North			INSURER D :							
	Clearwater, FL 33760			INSURER E :							
				INSURER F:							
CO	/ERAGES CER	TIFICA	TE NUMBER:	REVISION NUMBER:							
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI	EQUIRE	MENT, TERM OR CONDITION	OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F						TO ALL	THE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL SU	IBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	F POLICY EXP Y) (MM/DD/YYYY) LIMITS						
Α	X COMMERCIAL GENERAL LIABILITY			i i		EACH OCCURRENCE	\$	300,000			
	CLAIMS-MADE X OCCUR		CIP226212	12/4/2020	12/4/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000			
						MED EXP (Any one person)	\$	5,000			
						PERSONAL & ADV INJURY	\$	300,000			
	OFNIII ACCORDONTE LIMIT ARRIVEO DED.					OFNEDAL ACODECATE		600,000			

_ ^	^	COMMERCIAL GENE	KAL LIADILI I						EACH OCCURRENCE	\$ 000,000
		CLAIMS-MADE	X OCCUR			CIP226212	12/4/2020	12/4/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
									MED EXP (Any one person)	\$ 5,000
									PERSONAL & ADV INJURY	\$ 300,000
	GEN	I'L AGGREGATE LIMIT	APPLIES PER:						GENERAL AGGREGATE	\$ 600,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$ 600,000
		OTHER:							SEXUAL AND PHYS	\$ 50,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		ANY AUTO				05APM024707-01	12/2/2020	12/2/2021	BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	SCHEDULED AUTOS	1					BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY	?					PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-N	MADE					AGGREGATE	\$
		DED RETENT	ION \$							\$
	WOR	RKERS COMPENSATIO	TV						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNE	R/EXECUTIVE I	Y/N N/A					E.L. EACH ACCIDENT	\$
		CER/MEMBER EXCLUDING IN NH)	JED?		`				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERAT	TIONS below						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 A SUBDIVISION OF THE STATE OF FLORIDA **400 SOUTH FORT HARRISON AVE** Clearwater, FL 33756

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