

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE:	□ NEW X RENEWAL						
SERVICE TYPE:	Wheelchair Transport Stretcher Transport	ALS Interfacili					
TYPE OF ENTITY:	☐ Sole Proprietor ☐ Partr	nership 🔲 Non-Pro	ofit Corporation 🔀 Corporation				
ORGANIZATION NAME:	Line Control Day		HOURS OF OPERATION: 24-HOUR				
	2ANSPORT SERVICE	INC.	NONDAY - SATURDAY 5 A.M. to 6 □A.M. / ☑P.M.				
ADDRESS 1:			PHONE: (727) 201-0075				
3145 GRAND	AVE						
APARTMENT 10	08		C727) 209-3397				
CITY, STATE, ZIP CODE:							
PINELLAS PA	ARK, FLORIDA 337	182					
OFFICER/DIRECTOR NAME &	TITLE:	PHONE NUMBER & E-MA	11: 4 / 727-201-00-75				
CHRISTOPHER	CLAPK DIRECTOR	Charles oper C	lark & americhairtransport. com				
VICE OFFICER/DIRECTOR NA	ME & TITLE:	DUONE NILIADED OF MA	11 :				
HANNAH CLAR	K	127-410-8057 727-201-0075 hannah Clark & americhairtransport. com					
BUSINESS HOURS POINT-OF-	-CONTACT;	PHONE NUMBER & E-MAIL					
CHRISTOPHER	CLAPK	/'					
AFTER HOURS POINT-OF-CO		PHONE NUMBER & E-MA	IL;				
CHRISTOPHER	CLARK	11					
Incorporation, Certifica	ation of Fictitious Name (d.b.a) i	if applicable, Insuran	cle Roster(s), Driver Roster(s), Certificate of ce Verification for the highest level of service County Driver Certification Requirements.				
revoked if at any time t			nowledge this certificate may be suspended or nellas County Code or Rules and Regulations.				
SIGNATURE/OF APPLICANT:	Е		MARCH ZA, ZOZI				
STATE OF FLORIDA							
COUNTY OF Pin.	ellas	.,					
Subscribed and sworn	to (or affirmed) before me this	25 of Morch	christopher Clark, who				
is/are personally know	n to ale or has/have produced _		as identification.				
(SEAL) Lotte	UMAH =		KEITH MCATEER Notary Public - State of Florida Commission = GG 330688 My Comm. Expires May 5, 2023				
Form A Rev. 02/06/2017		(Name o	of Notary typed, printed or Form stamped)				



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICUAIR TRANSPORT SERVICE INC.

Date: MARCH 24, 2021

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	_cc
	*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.	Cc
8.1	Written record contains:	
	Date Call Received	CC
	Time Call Received	CC
	Pick-up & Destination Address	CC
	Arrival Time at Destination	cc
	Client's Name	CC
	Person Ordering Transport	CC
	Telephone Number of Caller (*if applicable)	دد
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	Cc
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.	دد

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Cour	AS G FIRE	Name of Service:	AMERIC	HAIR	<i>ransp</i>	ort s	SIERVICE	INC.					Page: _	of	
ADMINI.	TRATION /	Provide Unit, Tag and Vattached, as long as all	'IN numbe required ir	rs for all v nformation	vehicles. n is includ	If more I ed. Con	ines are n Itact EMS	eeded, it & Fire A	is accept dministra	table to c tion for a	opy this fo Vehicle In	orm. A Conspection	Company I n appointr	Roster m nent.	ay be
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
001	888 9 UQ	204RDGCG2FR591380													
002	889 040	204RDGCG6FR591835													
003	888 8UQ	2C4RDGCG2FR745053													
004	JMF HO9	1FTNE14W48DA05508													
005	IF875Q	204RC1BG5CR188426													
006	80671215	1FBAX2CM5KKA47501													
007	QEP 548	2C4RDGLG7KR632192													
008	QEP S49	2C4RDGCG9KR557611													
0.															
1.															
2.															

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



STRETCHER VAN ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	AMERICHAIR TRANSPURT	SEP-VICE INC.	Page: _	of
	Such vehicles may not be equ	ipped, 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 iong as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Fíorida 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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12.															

Date:



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

Name of Service:	AMERICHAIR	TRANSPORT	SERVICE	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 #
LHRISTOPHER CLARK	C462-103-75-300-0	8-20-2026	8-20-1975	
KARL CAIN	C500-506-60-016-0	1-16-2025	1-16-1960	
3. SALLY GRAY	G600-793-82-907-0	11-07-2028	11-07-1982	
MINDY SMITH	5530-553-70-525-0	1-25-2027	1-25-1970	
BRENDAN SMITH	\$530073-64-304-0	8-24-20:21	8-24-1964	
GARY WALKER	W426-292-59-389-0	10-29-2021	10-29-1959	
ANTHONY STEWART	5363-018-69-052-0	2-12-2025	2-12-1969	
- CONSTANTINE ANDRITSAKIS	A556-105-60-264-0	4-04-2025	3-04-1960	
EBUNY HOLIDAY	H430-217-99-556-0	2-16-2025	2-16-1999	
MICHAEL TARVER	T616-559-60-345-0	9-25-2027	9-25-1960	
MICHAEL COLON	C450-553 -90-343-0	9-23-2028	9-23-1990	
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16.				

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INSURERS AFFORDING COVERAGE MISSING A PRIME PROPERTY & CASUMY INSURENCE INC. MISSING A MISSIN	PRODUCER AND THE NAMED INSURED Prime Property & Casualty Insurance Inc. 8722 S. Harrison St. Sandy, UT 84070		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED								
SIGNED A SIG											
Americhair Transport Service. Inc. Inc. Commercial Auto Liability Policy Number Polic	INSURED			INSURER	Α·	Print	ne Property & Casualty Insurance Inc.				
SUBJECT OF THE PART OF THE PA	Americhair Transport Service, Inc.			INSURER!	В.						
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Pinellas Park FL. 30782 "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"	3145 Grand Ave Apt 108										
Commercial Sarade Liability Commercial Sarade Liability Forested Completed Operations Proceedings of Supplementations Procedure	Pinellas Park , FL 33782	"LIMIT	'S SHOW								
anter document with respect to which this certificate may be assed or may pertain, the instraince alforded by the policies described herein is subject to all the terms, exclusions and conditions of such proises. Aggregate limits shown may time been reclused by and claims. TYPE OF INSURANCE POLICY NUMBER POLICY EXPERATION ATTEM MATERIAL Liability Claims Made Exclude Completed Operations Commercial Auto Liability PC20061311 6/13//2020 6/13/2021 \$300,000 CSL	COVERAGES	EFFECT	AS OF PC	LICY INC	EPTTON"						
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	UDA-E-030 14EFG2020				AUTHORIZED REPRESENTATIVE						