

#### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW X RENEWAL	
SERVICE TYPE: Wheelchair Transport  Stretcher Transport	☐ ALS Interfacility ☐ ALS Non-Transport ☐ ALS Helicopter ☐ ALS Transport
TYPE OF ENTITY: Sole Proprietor Parti	nership Non-Profit Corporation Corporation
ORGANIZATION NAME:	HOURS OF OPERATION: 24-HOUR
On-Time Transports, LLC	7 A.M. to 6 □A.M. / ☑P.M.
1224 Northern Way	407-376-3959
	FAX:
WINTER Springs, Fl. 22708 CITY, STATE, ZIP CODE: 9, Fl. 22708	407-205-8115
CITY, STATE, ZIP CODE: U	
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Amanda Varmuza - Owner	407-376-3959 info@ON-Time Transports. com
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
8am to 5pm	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Incorporation, Certification of Fictitious Name (d.b.a)	ification Form, Vehicle Roster(s), Driver Roster(s), Certificate of f applicable, Insurance Verification for the highest level of service ew applications per County Driver Certification Requirements.
I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the re	firm, do hereby acknowledge this certificate may be suspended or quirements of the Pinellas County Code or Rules and Regulations.
SIGNATURE OF APPLICANT:	DATE: 5/11/2021
STATE OF FLORIDA	
COUNTY OF SEMINOLE	
하는 것이 하는데 이번 회에도 하면 하는데 하는데 하는데 이번 모습니다. 그런 사람들이 되는데 하는데 하는데 되었다. 그는 사람들이 되었다면 하는데	OTI)2021 by AMANDA VARMUZAWHO
is/are personally known to me or has/have produced	FLDL#V652003 > 7.5280 as identification.
o c	Notary Public State of Florida Jayesh Patel My Commission GG 189313 Expires 02/22/2022
(SEAL) J'RPatr	£
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:	On-TI	me Wans	arts	LLC

Date: 4/5/21 \_\_\_\_

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:  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)	(a) (a) (a) (a) (a)
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	(W)
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.	6

Form B Rev. 02/06/2017



# WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	UN-Time Transp	outs, LLC	Page:	of
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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
1.	YO71AC	3C6TRVPGXFE520233													
2.		3CGTRVPGXFE SQ0178													
3.		2C4 ROGBG 7GR 139900													
5.	1B86ER	IFTNS 24W 48 DB 56959													
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11.															
12.															

EMS INSPECTOR: \_\_\_\_\_\_ Date: \_\_\_\_\_



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

Name of Service:	On Time Transports, LLC	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 #
1. Varmuza Eric	V652213811270	4-7-29	4/7/81	NIA
Varmuz Amanda	V1652 003 775280	1-28-27	1/28/77	NA
L'Uilliams Kenneth	W452519650860	3-6-27	3-6-65	NA
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16.				



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/05/2021

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 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)

PRODUCES Cable Underwriters  221 West Caking Park Boulevard Ft. Lauderdaile Ft. 33311    Maurit Park Cable Institution Park Boulevard Ft. Lauderdaile Ft. 33311   Maurit Park Cable Institution Park Cable Ins	С	ertific	ms and conditions of the policy ate holder in lieu of such endo	rsem	ent(s	3).					
PL Lauderdale FL 33311  FL Lauderdale FL 33311  NAME TRANSPORTS, LC  NOTIME TRANSPORTS, LC  NEGURER 1.  1224 NORTHERN WAY  Winter Springs FL 32708  NEGURER 2.  NEGURER 2.  NEGURER 3.  NEGURER 5.  NEGURER 5.  NEGURER 6.  NEGURER 6.  NEGURER 6.  NEGURER 6.  NEGURER 7.  NEGURER 6.  NEGURER 7.  NE	PRO	DUCER	Cable Underwriters				NAME:	CT			
PEL Lauderdaile FL 33311    Solition   State			221 West Oakland Park Boule	vard			(A/C. N	e. Ext):		FAX (A/C, No):	
INSURER A: CABLE INSURANCE COMPANY 16572  INSURER A: CABLE INSURANCE COMPANY 16572  INSURER B:			Ft. Lauderdale FL	33	311		E-MAIL ADDRE	SS:			
MOUNTED TRANSPORTS, LLC  1224 NORTHERN WAY Writer Springs FL 32708  MEURER 5: MEURER 6: MEURER 6: MEURER 8: MEURER 9: MEURER 8: MEURER 9: MEURER 9					-				SURER(S) AFFO	RDING COVERAGE	NAIC#
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Winter Springs FL 32708    MISURER 0   MISURER 0   MISURER 1   MISURER 1   MISURER 2   MISURER 2   MISURER 2   MISURER 3   MISURER 5   MIS	INS	JRED	ON TIME TRANSPORTS, LLC			···	INSURE	RB:			
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