

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY OR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

	New	Renewal				
	Class 1 - ALS Rescue	Class 2 - ALS Trai	nsfer			
	Class 3 - BLS Transport	Class 4 - ALS Air	Rescue			
	Class 5 - Nonemergency Medical Transportation Service (NEMTS)					
	Name of Se	ervice Governmental Entity				
	Mailing Address	City	State	Zip Code		
	Telephone					
	Owner's Name		Email Address			
	Mailing Address	City	State	Zip Code		
	(Governmental Entit	ty attach names of elected offi	cials)			
	General Manager/Contact Person	Telephone	Ema	ail Address		
Date incorporated/formation of business association:			(Attachment #			

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

1

2

3

4

5.	Geographic area requesting to service (be specific):					
6.	Attach FCC license/communications contractions		nment #)			
7.	Address of present/proposed main station and any substations (attach list if more than three (3) substations):					
	Main Station:					
	Substation:					
	Substation:					
	Substation:					
8.	Financial Information:	(Attachment #)			
Non-governmental - provide a financial statement as listed in Broward County Administrative Section 33.11.g.						
	Governmental - copy of budget sheet.					
9.	Insurance:	(Attachment #)			
	Provide copies of Certificates of Insurance - Non-governmental - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.					
	Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.					
	NEW - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.					
10.	. Vehicle information: Complete and attach appropriate form.					
11.	. Personnel information: Complete and attach appropriate form.					
NEMTS PROVIDE copies of all required training information pursuant to Broward Administrative Code Section 33.15.g, for each driver listed on form B-2.						
12.	. All COPCN applicants (if applicable):					
	A. Attach contract with a medical director as provided by State Law, include copy of DEA license					
	B. Classes 1 and 4 - attach current medical treatment protocols.					
	C. Class 2 and Class 3 - attach current interfacility transport protocols.					

- D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.
- 13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Signature of Owner/Manager	Title		
STATE OF FLORIDA COUNTY OF			
Sworn to (or affirmed) and subscribed before me this	day of _	, 20, by	
		(name of person making statement).	
Seal		(Signature of Notary Public - State of Florida)	
	(Print, Type,	or Stamp Commissioned Name of Notary Public)	
	Personally Known:	OR Produced Identified:	
	Type of Identification Produced:		
Additional requirements for New applicants:			

Non-governmental and NEMTS:

- 1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
- 2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
- 3. Preceding five years business experience.

All applicants:

- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, made payable to the Broward County Board of County Commissioners.
- Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2018 COPCN/License fees will be \$302.00 and Vehicle permit fees will be \$60.00).
- 3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or NEW applicant provide a letter of identifying proposed business office location in Broward County.