



**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 CLASSIFICATION AND TYPE OF APPLICATION

New

Renewal

Class 1 - ALS Rescue

Class 2 - ALS Transfer

Class 3 - BLS Transport

Class 4 - ALS Air Rescue

Class 5 - Nonemergency Medical Transportation Service (NEMTS)

Wheelchair

Wheelchair/Stretcher

1. _____
Name of Service or Governmental Entity

_____ Mailing Address City Zip Code

_____ Telephone

2. _____
Owner's Name Date of Birth

_____ Mailing Address City State Zip Code

(If Governmental Entity, attach names of elected officials.)

3. _____
General Manager/Contact Person Telephone Email Address

4. Date Incorporated/formation of business association: _____ (Attachment # ____)
(Attach list of type of corporation; names and address of shareholders along with number of outstanding shares.)

5. Preceding five (5) year business experience (new applicants only):

SERVICES PROVIDED

LOCATION SERVED

LICENSED BY

6. Geographic area requesting to service (be specific):

7. Describe communications systems (attach FCC License/communications contract):

8. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station:

Substation:

Substation:

Substation:

9. Financial information:

(Attachment # _____)

Non-governmental - Classes 1 through 4 must provide a financial statement as listed in 23.21h, Operational Policy, Broward County. **Governmental** - All Classes - state the amount of monies budgeted or proposed for the types of services to be provided (if inclusive in other portions of your agency's budget, break out and identify those dollars for the services to be provided). **NEMTS** - See Chapter 3½, Sections 3½-8(d)(5) and (6), Broward County Code of Ordinances.

10. Insurance:

(Attachment # _____)

Certificate of Insurance - **Non-governmental** - identified in Chapter 3½, Section 3½-17(a), Broward County Code of Ordinances. (Malpractice insurance not necessary for NEMTS providers) Broward County Board of County Commissioners must be listed as an additional insured with a thirty (30) day prior written notice of cancellation provided to Broward County. **Governmental** - copy of Ordinance/Resolution from the Agency's governing body, with a cover letter from the Agency's Risk Manager indicating the types of insurance or self-insurance the Agency has. [Chapter 3½, Section 3½-17(b), Broward County Code of Ordinances].

11. Vehicle information:

ALS/BLS Ground - complete FORM A-1

Air Rescue - complete FORM A-2

NEMTS - complete FORM A-3 and FORM C (one (1) for each vehicle to be permitted)

12. Personnel information:

ALS/BLS - complete FORM B-1

NEMTS - complete FORM B-2 and for each employee identified, attach copies of Broward County Taxi & Limo Driver ID card issued pursuant to Chapter 22½, Broward County Code of Ordinances and training information pursuant to Sections 23.25.g.1.(g), (h) and (i) of the Broward County Administrative Code.

13. Staffing patterns: (not applicable to NEMTS providers)

Identify staffing patterns and operational hours for each state permitted vehicle, transport and non-transport, in your fleet.

14. All COPCN applicants (if applicable):

- A. Attach recent or proposed contact with a medical director as provided by State law.
- B. Class 2 providers - attach current interfacility transport protocols.

New applicants:

Non-governmental and NEMTS:

- 1. Minimum of three (3) letters of reference mailed to the Trauma Management Agency (business or personal).
- 2. Completed criminal (state and national) background checks on each owner, officer and/or director. NOTE: NO internet background checks are acceptable.

NEMTS: Copy of Broward County Occupational License or a letter of intent identifying business office location in Broward County.

All applicants:

**Return signed, notarized application along with an application fee of \$500.00
DIVU2 FVREHU P DGH payable to the Broward County Board of County Commissioners.**

All statements on this application and attachments are true and correct to the best of my knowledge.

Signature of Owner/Manager

Title

Notary

Date

**Recommendation of the Broward Regional EMS Council, EMS Review Committee
(if required):**

Date

Chair, EMS Review Committee

Recommendation/comments of County Administrator:

Date

County Administrator or Designee

This application for a _____ submitted
by _____ is hereby:

Approved as Submitted:

**Mayor, Broward County
Board of County Commissioners**

Approved as Amended:

**Mayor, Broward County
Board of County Commissioners**

Denied:

**Mayor, Broward County
Board of County Commissioner**