



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

- Checkboxes for New, Renewal, and Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Name of Service Governmental Entity
Mailing Address City State Zip Code
Telephone

2. Owner's Name Email Address
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: (Attachment # )

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

5. Geographic area requesting to service (be specific) (if applicable): \_\_\_\_\_
6. Attach FCC license/communications contract (if applicable): (Attachment # \_\_\_\_\_ )
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 credit report from one of the three major credit reporting agencies. The credit report must be less than thirty days old. **Governmental** - copy of budget sheet.
9. Insurance: (Attachment # \_\_\_\_\_ )
- Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 19, Broward County Code of Ordinances.
- Governmental** - refer to section Chapter 3½ - 10, Broward County Code of Ordinances.
- NEW** - must provide proof of ability to comply with Chapter 3½ - 19, 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 County Code of Ordinances 3½ - 20(2).- Rules, regulations, and reporting; for each driver listed on form B-2.
12. 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:**

1. Minimum of three (3) letters of reference (business or personal) **emailed to:**  
**Email: [rsluman@broward.org](mailto:rsluman@broward.org)**
2. Completed local and state criminal background checks for each owner, manager, member, partner, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

**All applicants:**

**License and Permit Fees (Non-Refundable)**

**Annual Fees as of October 1, 2020**

- License Application Fee.....**\$637.00**
- License Fee.....**\$317.00**
- Vehicle Permit Fee.....**\$64.00**

**Important Notes:**

1. Application packets and fees will be accepted in-person or by mail sent to Broward County Environmental and Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Application fees, submitted by mail, must be in the form of a check or include a completed Credit Card Authorization Form.
2. NOTE: License and Vehicle permit fees will be processed separately.
3. 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.