



# Highlands County Fire Rescue

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY NON-GOVERNMENTAL ENTITY MEDICAL TRANSPORTATION SERVICE LICENSE APPLICATION

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 (NEMT)

Class 2 (BLS)

Class 3 (ALS)

Class 4 (Air)

\_\_\_\_\_  
Name of Service

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

1.

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(Attach names of elected officials associated with your service)

2.

\_\_\_\_\_  
General Manager/Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

3. Date incorporated/formation of business association: \_\_\_\_\_ (Attachment # \_\_\_\_\_)

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

Additional pages may be added as needed



## Highlands County Fire Rescue

4. Attach FCC license/communications contract: (Attachment # \_\_\_\_\_)
5. Address of present/proposed main station and any substations (attach list if more than three substations):

Main Station: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

6. Financial Information: (Attachment # \_\_\_\_\_)

Provide a financial statement as listed in Highlands County Code of Ordinances Section 5-56.

7. Insurance: (Attachment # \_\_\_\_\_)

Provide copies of Certificates of Insurance as listed in Highlands County Code of Ordinances Section 5-52.

8. Vehicle information: Complete and attach appropriate form.
9. Personnel information: Complete and attach appropriate form.

10. All COPCN applicants:

A. Attach contract with a medical director as provided by State Law and include copy of DEA license (Class 2, 3, and 4 applicants only).

B. Statement describing geographical area served by your company.

C. Statement of facts and data describing the need for your service in Highlands County.

D. Schedule of proposed fees to be charged for your service.

E. Identify staffing patterns and operational hours for each permitted vehicle in your fleet.



# Highlands County Fire Rescue

\_\_\_\_\_  
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 Identification

Type of Identification Produced: \_\_\_\_\_



## Highlands County Fire Rescue



### Additional requirements:

1. Attach letter of any investigation or formal disciplinary action involving your agency by the Florida Department of Health, or any local, state, or federal agency.
2. The financial ability of the applicant to provide the proposed services based on, at minimum, attach the following criteria:
  - a. Audited financial statements or federal tax returns or, for newly formed corporations, personal audited financial statements from the principal(s), as defined by the county administrator.
  - b. Pro forma statements.
  - c. Credit and bank references, and current official credit report.
  - d. Disclosure of any and all pending liabilities.
3. Attach the management plan of the applicant.

### All applicants:

1. Return signed and notarized application, upon receipt of the application an invoice will be generated to include an application fee of \$500, exact fees charged for notification process and vehicle permit fees of \$100 per vehicle listed on Highlands County COPCN Certificate Vehicle form. A check made payable to the Highlands County Board of County Commissioners is required prior to any notification is made. All fees are non-refundable.
2. Renewal applicants: Return signed and notarized application, upon receipt of the application an invoice will be generated to include an application fee of \$500, exact fees charged for notification process, and vehicle permit fees of \$100 per vehicle listed on the Highlands County COPCN Certificate Vehicle form. A check made payable to the Highlands County Board of County Commissioners is required prior to any notification is made. All fees are non-refundable.
  - If a request for renewal is less than three months from the expiration of COPCN or application inaccuracies caused by the applicant create a delay of renewal to extend beyond the expiration of the services current COPCN, a non-refundable \$250 late fee will be imposed and required paid prior to notification of renewal request.
  - Any renewal COPCN requiring an extension of service due to late filing to be brought before the Highlands County Board of County Commissioners will require a non-refundable \$1,000 extension fee imposed and paid prior to notifications of extension and renewal application request.