



**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

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)

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.)

- 4. Attach FCC license/communications contract: (Attachment #_____)
- 5. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: _____

Substation: _____

Substation: _____

Substation: _____

- 6. Financial Information: (Attachment #_____)

Provide a financial statement as listed in Manatee County Administrative Code Section 15-37.

- 7. Insurance: (Attachment #_____)

Provide copies of Certificates of Insurance

- 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.

B. Attach current medical treatment / transport protocols.

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

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: _____

Additional requirements:

1. Minimum of three (3) letters of reference **sealed and attached to application packet.**
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.
4. 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.
5. Attach the management plan of the applicant.

All applicants:

1. Return signed, notarized application along with a non refundable application fee of \$500.00, made payable to the Manatee County Board of County Commissioners.
2. Renewal applicants: COPCN/License and Vehicle permit fees will be processed separately (COPCN Application fees will be \$500.00 and Vehicle permit fees will be \$100.00 per vehicle) see fee schedule for breakdown.