

**APPLICATION  
FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Pursuant to Section 21-166, Hernando County Code of Ordinances, applicants for a Certificate of Public Convenience and Necessity must provide the following information. Please complete the form in its entirety. *Note: extra space is provided in number 14.*

1. Name and business address of owner or operator of the Advanced Life Support (ALS) or Basic Life Support (BLS) service, or proposed service:

MED-TRANS CORPORATION

2200 WESTCOURT RD.

DENTON, TX 76207

2. Name under which the applicant will operate: MED-TRANS FLORIDA

3. List names and addresses of all officers, directors, and shareholders of applicant:

KIM MONTGOMERY - PRESIDENT/COO, 2200 WESTCOURT RD., DENTON, TX 76207

DAVID BOWMAN - VICE PRESIDENT, 2200 WESTCOURT RD., DENTON, TX 76207

4. Territory which the applicant desires to serve; HERNANDO COUNTY AND SURROUNDING AREAS  
number of vehicles ONE and brief description of each vehicle as indicated below:

	Vehicle #1	Vehicle #2	Vehicle #3
a. Type of vehicle:	<u>HELICOPTER</u>	<u>N/A</u>	<u>N/A</u>
b. Make & Model:	<u>BELL 407</u>		
c. Year:	<u>1998</u>		
d. Mileage:	<u>N/A</u>		
e. VIN:	<u>53259</u>		
f. Aviation/Marine Registration Nr.	<u>N 911 WA</u>		

g. Passenger capacity: 4

h. Size & gross weight: 5250 LBS.

i. Identifying Markings: MED-TRANS LOGO

j. Color Scheme: GREY/WHITE

5. Location and description of each place from which applicant's service is intended to operate:  
2535 RESCUE WAY, BROOKSVILLE FL 34604

BROOKSVILLE REGIONAL AIRPORT AT SUGRUFF'S HANGAR

6. Training and experience of the applicant in the transportation and care of patients:  
MED-TRANS HAS BEEN IN OPERATION FOR OVER 40 YEARS AND OPERATES OVER 100 AIRCRAFT ACROSS THE U.S. INCLUDING 9 IN FLORIDA.  
MEDICAL CREW MEMBERS MUST HAVE 3-5 YRS CRITICAL CARE EXP + MUST HOLD ADVANCED CERTIFICATIONS - TPATC - FP-C - CFRN

7. Names and addresses of three (3) county residents available as references:

a. Name: KYLE NUGENT KELLY CLARY AMANDA MCLEOD

b. Street: 653 TIERRA DR. 9020 PENWOPPE DR 6297 PIEDMONT DR.

d. City, St, Zip: SPRING HILL, FL 34609 WEEKI WACHEE, FL 34613 SPRING HILL, FL 34606

e. Phone: 352-428-~~9623~~ 9623 704-308-7011 727-992-2314

8. In the event that the application shall be granted and prior to its effectiveness, applicant shall provide copies of public liability, property damage and malpractice insurance or a surety bond conditioned for the payment and satisfaction of any final judgment as required or provided for in this article and chapter 401, Florida Statutes. ATTACHED

9. Applicant certifies that it will provide continuous service on a 24-hour/day, seven-day-week- basis, and the minimum level of patient care rendered and/or available will always be advanced life support, with the exceptions of disasters or extraordinary circumstances, (advanced life support applicants only). AGREED

10. The applicant may provide any other information that the board deems necessary bearing on the applicant's capabilities, character, past experiences, or any other factors that indicate applicant's qualifications for issuance of a Certificate of Need. AGREED

11. During the past five (5) years, or other relevant time period, has the applicant or any of its officers, agents, or employees, been sued for any reason on account of rendering inappropriate care regarding BLS or ALS services? If so, please describe and indicate whether any judgments were rendered against applicant, its officers, employees, or agents and the amount of any such judgment. NONE

12. Please list the name of each employee or applicant at the time of this application that will be providing BLS or ALS services under the Certificate of Need as indicated below:

Name	Date Employed	Certificate Held	Certificate Number
Kenneth Arnold	10/6/2018	Paramedic	PMD532461
Theodore Garlock	3/23/2022	Paramedic	PMD536142
Caleb Hudak	4/1/2020	Paramedic	PMD530171
Niesa Jones	9/27/2023	Paramedic	PMD532173
Heather Cady	4/1/2020	Nurse/Paramedic	RN9616314/PMD538365
Emily Dobson	4/20/2022	Nurse/EMT	RN9445600/EMT575074

13. State if during the last five (5) years, or other relevant time period, if applicant has received any disciplinary notices or actions from the Department of HRS for violation of any Florida Statutes or administrative rule regarding the provisions of BLS or ALS Services. For each violation or notice please provide the outcome and the measures taken to correct the violation.

Violation or Notice	Corrective Actions
<u>N/A</u>	<u>N/A</u>

14. The space below is provided for additional information that would not fit in the space provided above. Please refer to the question number that you are responding to and attach to this application. You may attach additional sheets as necessary.

Number 12

Nicholas Fatolitis	3/7/2016	Nurse/Paramedic	RN9544692/PMD530868
James Johnson	4/1/2020	Nurse/Paramedic	RN9336847/PMD536542
Scott Nittolo	9/29/2021	Nurse/Paramedic	RN9596168/PMD543512

Number \_\_\_\_\_

15. I/we have answered all questions truthfully and fully to the best of my/our knowledge.

By: GARY BOULLON

By: \_\_\_\_\_

Printed name GARY BOULLON

Printed name \_\_\_\_\_

STATE OF ~~FLORIDA~~ Georgia  
 COUNTY OF Fayette

Sworn to and subscribed before me this 9 day of February 2024, by Gabriella Drzymala who is personally known to me or has produced Drivers License as identification.

Gabriella Drzymala  
 (Signature of Notary Public, State of ~~Florida~~ Georgia)

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