

**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 d.b.a. Med Trans Florida base of operations is located at

2535 Rescue Way, Brooksville, FL 34604.

2. Name under which the applicant will operate: Med Trans Corporation d.b.a. Med Trans Florida

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

Kimberly Montgomery - Chief Operating Officer - Global Medical Response Health Systems
4400 Highway 121, Suite 700, Lewisville, Texas 75056

David Bowman - Vice President, Business Operations - Global Medical Response Health Systems
4400 Highway 121, Suite 700, Lewisville, Texas 75056

Gary Bouillon - Regional Director, Business Operations - Global Medical Response Health Systems
4400 Highway 121, Suite 700, Lewisville, Texas 75056

Nicholas Fatolitis - Program Director, Med Trans Florida - Global Medical Response
2535 Rescue Way, Brooksville, FL 34604

4. Territory which the applicant desires to serve; Hernando County, Greater Tampa Bay Area
number of vehicles 1 and brief description of each vehicle as indicated below:

	Vehicle #1	Vehicle #2	Vehicle #3
a. Type of vehicle:	Helicopter		
b. Make & Model:	Bell 407		
c. Year:	1998		
d. Mileage:	Not applicable		
e. VIN:	ID plate no. CC-001341		
f. Aviation/Marine Registration Nr.:	Serial number: 53259		

- g. Passenger capacity: 5
- h. Size & gross weight: 4,000lbs
- i. Identifying Markings: Med Trans FL logo on side
- j. Color Scheme: White/grey/blue/green

5. Location and description of each place from which applicant's service is intended to operate:
Med Trans Florida operates out of the Brooksville-Tampa Bay Regional Airport and serves all of Hernando County for both scene requests and interfacility requests from health care facilities. Furthermore, Med Trans FL services all of the greater Tampa Bay area.

6. Training and experience of the applicant in the transportation and care of patients:
All employees attend a comprehensive training program which teaches HEMS operational and advanced clinical education. The training includes topics on safety, crew resource management, rotor wing operations, and high-fidelity clinical simulations. Continuing education is provided monthly on various concepts, and satisfy all CAMTS requirements for onboarding.

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

a. Name:	<u>Kyle Nugent</u>	<u>Dave Calianno</u>	<u>Sean Henley</u>
b. Street:	<u>653 Tierra Drive</u>	<u>4025 Spring Park Way</u>	<u>4094 Braemere Drive</u>
d. City, St, Zip:	<u>Spring Hill, FL 34609</u>	<u>Brooksville, FL 34604</u>	<u>Spring Hill, FL 34609</u>
e. Phone:	<u>(352) 428-9623</u>	<u>(727) 514-5367</u>	<u>(727) 294-7582</u>

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. See attached COI.

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).

We operate 24/7/365

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.

Any further information is available on request.

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.

Not applicable.

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
See attached employee roster.			

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
Not applicable.	

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	Not applicable.
Number	
Number	
Number	
Number	

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

By: Nicholas Fatolitis By: _____
 Printed name Nicholas Fatolitis Printed name _____

STATE OF FLORIDA
 COUNTY OF Hernando

Sworn to and subscribed before me this 20th day of November, by Nicholas Fatolitis who is personally known to me or has produced Florida Drivers as identification.

[Signature]
 (Signature of Notary Public - State of Florida)



FERNANDO ORTIZ
 Notary Public
 State of Florida
 Comm# HH637597
 Expires 2/5/2029