

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:

Rocky Mountain Holdings, LLC 1/3/1 Bayflite

4375 NE 48th AVENUE

COANESVILLE, FL 36209

2. Name under which the applicant will operate: Bayflite

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

SEE ATTACHMENT 1

4. Territory which the applicant desires to serve: ALL AREAS WITHIN HERNANDO COUNTY
number of vehicles 3 and brief description of each vehicle as indicated below:

	Vehicle #1	Vehicle #2	Vehicle #3
a. Type of vehicle:	<u>SEE ATTACHMENT 2</u>		
b. Make & Model:			
c. Year:			
d. Mileage:			
e. VIN:			
f. Aviation/Marine Registration Nr.			

- g. Passenger capacity: _____
- h. Size & gross weight: _____
- i. Identifying Markings: _____
- j. Color Scheme: _____

5. Location and description of each place from which applicant's service is intended to operate:

See ATTACHMENT 3

6. Training and experience of the applicant in the transportation and care of patients:

See ATTACHMENT 4

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

- a. Name: *See ATTACHMENT 5* _____
- b. Street: _____
- d. City, St, Zip: _____
- e. Phone: _____

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 ATTACHMENT 6*

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).

See ATTACHMENT 7

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.

See ATTACHMENT 8

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:

See ATTACHMENT 9

Name	Date Employed	Certificate Held	Certificate Number

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
NONE	N/A

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	N/A	N/A
Number		
Number		
Number		
Number		

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

By: [Signature]
 Printed name Scott Betz

By: _____
 Printed name _____

STATE OF FLORIDA
 COUNTY OF Hernando

Sworn to and subscribed before me this 26th day of December 2023, by Scott Betz who is personally known to me or has produced FL DL as identification.

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

