

**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 d/b/a Bayfite

4375 NE 48th AVENUE

GAINESVILLE, FL 36209

2. Name under which the applicant will operate: Bayfite

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
<u>NONE</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 N/A N/A  
Number \_\_\_\_\_  
Number \_\_\_\_\_  
Number \_\_\_\_\_  
Number \_\_\_\_\_

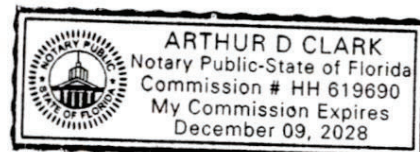
15. I/we have answered all questions truthfully and fully to the best of my/our knowledge.

By: [Signature] By: \_\_\_\_\_  
Printed name James Berg Printed name \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Hillsborough

Sworn to and subscribed before me this 24th day of November, by  
James Berg who is personally known to me or has produced Drivers License  
as identification.

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



## Attachment 1

- List of Officers



**Rocky Mountain Holdings, LLC**

Officers	Title	Address	Phone
Robert Hamilton	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Mark Smolenski	CFO and Treasurer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Patricia Kloehn	Vice President and Chief Revenue Officer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

## Attachment 2

- Aircraft Description

Bayflite Aircraft Information

Vehicle	Bayflite 2	Bayflite 3	Bayflite 4
Make	Airbus	Airbus	Airbus
Model	EC135 P2+	EC135 P2+	EC135 P2
Year	2008	2008	2004
VIN	0671	0697	0344
FL ALS Permit	2042	2066	1372
Aviation Tail Number	N163BF	N527BF	N912BF
Passenger Capacity	6 Max	6 Max	6 Max
Size and Gross Weight	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb
Markings	N163BF - Bayflite	N527BF - Bayflite	N912BF - Bayflite
Color Scheme	White/Black/Teal/Grey	White/Black/Teal/Grey	White/Blue/Red/Black

## Attachment 3

- Location of Facilities



## **Bayflite Locations**

### **Bayflite 2**

400 Airport Avenue East

Venice, FL 34285

Located at Venice Municipal Airport

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

### **Bayflite 3**

3051 West Dr. Martin Luther King Jr. Blvd.

Tampa, FL 33607

Located at St. Joseph's Hospital

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

### **Bayflite 4**

3528 South Airport Road

Inverness, FL 34450

Located at Inverness Airport

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

## Attachment 4

- Training and Experience

### **Training and Experience of applicant in the transport and care of the patient**

Bayflite has been serving the communities of west coast Florida since November 1986.

Every Bayflite transport is staffed with a very experienced critical care nurse, EMS paramedic and skilled pilot.

- Our crews average 10 years' experience
- Pilots have over 3000 hours of flight time
- Air crews undergo comprehensive initial and recurrent annual training utilizing high fidelity simulation, observation and demonstration of their advanced skills set
- Each paramedic is required to hold the following minimum certifications:
  - FL-EMT-P
  - Neonatal Resuscitation (NRP)
  - Pediatric Advanced Life Support (PALS)
  - Advanced Cardiac Life Support (ACLS)
  - Basic Life Support (BLS)
  - Pre-hospital Trauma Life Support (PHTLS)
  - Certified Flight Paramedic (FPC)
- Each Nurse is required to hold the following minimum certifications:
  - FL-RN
  - Neonatal Resuscitation (NRP)
  - Pediatric Advanced Life Support (PALS)
  - Advanced Cardiac Life Support (ACLS)
  - Basic Life Support (BLS)
  - Pre-hospital Trauma Life Support (PHTLS)
  - Advanced certification such as:
    - CCRN, CEN, CFRN

## Attachment 5

- Names and Address of County Residents



-  
  
Cameron Catusus  
312 Hollow Oak Ct  
Spring Hill, FL 34609  
352-303-8104

Hector Nieves  
15792 Oakcrest Circle  
Brooksville, FL 34604  
727-422-0932

Brian Swartz  
17743 Caufield Road  
Spring Hill, FL 34610  
727-415-5356

## Attachment 6

- Insurance Documents

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M95000000020

**Entity Name:** ROCKY MOUNTAIN HOLDINGS, L.L.C.

**Current Principal Place of Business:**

5500 SOUTH QUEBEC STREET  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

5500 SOUTH QUEBEC STREET  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** 87-0533822

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name AIR METHODS, LLC  
Address 5500 SOUTH QUEBEC STREET  
City-State-Zip: GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JONATHAN COOK

VICE PRESIDENT

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
12/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> WTW Certificate Center	
	<b>PHONE (A/C, No, Ext):</b> 1-877-945-7378	<b>FAX (A/C, No):</b> 1-888-467-2378
	<b>E-MAIL ADDRESS:</b> certificates@wtwco.com	
<b>INSURED</b> Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Lexington Insurance Company	
	<b>INSURER B:</b> Illinois Union Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>NAIC #</b>	
	19437	
	27960	

**COVERAGES****CERTIFICATE NUMBER:** W42078795**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional Liability & Prod./Com. Ops Liab			6799503	04/27/2025	04/27/2026	Aggregate Limit \$1,000,000 Each Claim \$1,000,000 Each Claim Deductible \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Complete Named Insured:

Air Methods LLC and its affiliates including all wholly owned entities LLC's, subsidiaries, affiliated, associated controlled or allied companies, corporations, or firms as now of hereafter constituted for which the Named Insured has responsibility for placing insurance and for which similar coverage is not otherwise or more specifically provided.  
SEE ATTACHED

**CERTIFICATE HOLDER****CANCELLATION**

Hernando County Board of County Commissioners 15470 Flight Path Drive Brooksville, FL 34604	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1
CARRIER See Page 1	NAIC CODE See Page 1	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company

NAIC#: 27960

POLICY NUMBER: XFLG7252066A005

EFF DATE: 04/27/2025

EXP DATE: 04/27/2026

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Excess Med. Professional

Each Claim

\$1,000,000

Aggregate

\$5,000,000

INSURER AFFORDING COVERAGE: Lexington Insurance Company

NAIC#: 19437

POLICY NUMBER: 6799505

EFF DATE: 04/27/2025

EXP DATE: 04/27/2026

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Excess Med. Professional

Aggregate

\$4,000,000

Each Claim

\$4,000,000



**Willis Towers Watson Northeast, Inc.**  
**d/b/a Willis Aerospace**

200 Liberty Street, 6<sup>th</sup> Floor  
New York, NY 10281

**CERTIFICATE OF INSURANCE**

**This is To Certify To:**

Hernando County  
Board of County Commissioners  
15470 Flight Path Drive  
Brooksville, FL 34604

**(Sometimes referred to herein as the Certificate Holder(s))**

**That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:**

<b>NAMED INSURED</b>	Air Methods LLC , et al, and Enchantment Aviation, Inc. dba Southwest Air Ambulance, dba Southwest Med Evac, CHPPR Holdings Inc., CHPPR GuarantorCo Inc., CHPPR MidCo Inc., CHPR AcquisitionCo Inc., ASP AMC Intermediate Holdings, LLC, Air Methods Telemedicine, LLC, AirMD, LLC, dba LifeSave, dba LifeSave Kupono, and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for.
<b>ADDRESS</b>	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
<b>COVERAGES</b>	Aircraft Hull and Liability and Aviation General Liability Insurance
<b>TERRITORY</b>	Worldwide
<b>POLICY PERIOD</b>	July 1, 2025 to July 1, 2026 on both dates at 12:01 AM LST
<b>EQUIPMENT</b>	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
<b>INSURERS</b>	Starr Indemnity & Liability Company and other US and Lloyds Companies – 100% (For more detailed SECURITY (the "Insurers") information, please see Addendum 0001)

<b>LIMITS OF LIABILITY</b>	
<b>Aircraft Liability and Aviation General Liability</b>	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA



## SPECIAL PROVISIONS

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

**Solely as respects Liability Coverage(s) and Solely when Required by Contract:** Certificate Holder(s)Hernando County Board of County Commissioners is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Solely as respects Physical Damage Coverage(s): Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract(s).

<b>Fleet and/or Equipment Schedule</b>
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NA
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<b>Additional Notes</b>
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NA
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As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

A handwritten signature in cursive script, reading 'Hilary Wheatley', is positioned above a horizontal line.

Date of Issue: July 1, 2025

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Hilary Wheatley, Authorized Representative  
Willis Towers Watson, Northeast, Inc. - Aerospace  
[CertificateRequestAirMethods@wtwco.com](mailto:CertificateRequestAirMethods@wtwco.com)

## Attachment 7

- Certification of Continuous Service

November 24, 2025

To whom it may concern:

Rocky Mountain Holdings, LLC d/b/a Bayflite 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.

James Berg  
West Florida Area Manager  
Southeast Region  
Air Methods Corporation.  
james.berg@airmethods.com  
610-248-9758



## Attachment 8

- Florida EMS License
- Current Hernando County COPCN



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**AIR AMBULANCE SERVICE LICENSE**

This is to certify that: ROCKY MOUNTAIN HOLDINGS, LLC DBA BAYFLITE Provider Number # 7018  
Name of Provider

4375 NE 38<sup>TH</sup> AVENUE, GAINESVILLE, FLORIDA 32609  
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CITRUS; HERNANDO; HILLSBOROUGH; PASCO & PINELLAS  
County(s)

A handwritten signature in blue ink, appearing to read "Ty Carhart".

Ty Carhart, EMS Section Administrator  
Bureau of Emergency Medical Oversight  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 10/01/2027**

This certificate shall be posted in the above mentioned establishment

**EMERGENCY MEDICAL SERVICES  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**WHEREAS, ROCKY MOUNTAIN HOLDINGS, LLC d/b/a BAYFLITE**, has requested authorization to provide Advanced Life Support (ALS) and Basic Life Support (BLS) helicopter ambulance transport services to the citizens of Hernando County; and

**WHEREAS**, there has been a demonstrated need to provide these essential services to the citizens of Hernando County; and

**WHEREAS**, the above-named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, Florida Statutes); Rules (Chapter 64J-1 Florida Administrative Code); and the Hernando County Code of Ordinances.

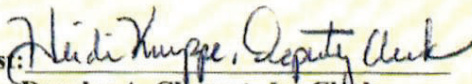
**THEREFORE**, the Board of County Commissioners of Hernando County, Florida, hereby issues a Certificate of Public Convenience and Necessity to **ROCKY MOUNTAIN HOLDINGS, LLC d/b/a BAYFLITE**, to provide ALS/BLS helicopter ambulance transport services countywide.


In issuing this certificate, the governing body of Hernando County, Florida, has considered recommendations of affected municipalities.

**LIMITATIONS:**

-Services are limited to the geographical boundaries within Hernando County, Florida.

**BOARD OF COUNTY COMMISSIONERS  
HERNANDO COUNTY, FLORIDA**

Attest:   
Douglas A. Chorvat, Jr., Clerk

Chairman:   
Elizabeth Narverud, Chairperson

**DATE ISSUED: February 13, 2024**

**DATE OF EXPIRATION: February 13, 2026**  
(Unless sooner revoked or suspended)

Approved as to form and legal sufficiency:

  
County Attorney's Office