File #: 26-0789, **Version:** 1

Interoffice Memorandum

DATE: June 16, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., MPH, Director Health Services

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:
Approval and execution of the renewal Certificate of Public Convenience and Necessity for Orange County's Fire Rescue Department to provide Advanced Life Support transport services in Orange County, Florida. The term of this Certificate is from August 1, 2026 through July 31, 2028 There is no cost to the County. (EMS, Office of the Medical Director)

PROJECT: N/A

PURPOSE: The EMS, Office of the Medical Director (EMS) requests the approval of the application to renew the Certificate of Public Convenience and Necessity ("COPCN" or "Certificate") for Orange County's Fire Rescue Department (OCFRD) to provide Advanced Life Support transport services. OCFRD has submitted the attached application requesting the renewal of its COPCN which has been in effect since 1981. In accordance with the Orange County Code of Ordinances, EMS has reviewed OCFRD's renewal application. EMS has not received any substantial and material complaints against OCFRD, and the status of OCFRD has not substantially and materially changed. Accordingly, EMS recommends that the Board renew OCFRD's Certificate.

BUDGET: N/A

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: July 14, 2026

ORANGE COUNTY, FLORIDA
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
for
ORANGE COUNTY'S FIRE RESCUE DEPARTMENT

WHEREAS, Section 401.25, Florida Statutes, governs the licensure of entities providing prehospital or interfacility advanced life support ("ALS") services or basic life support ("BLS") transportation services and requires applicants for licensure to obtain a certificate of public convenience and necessity from each county in which the applicant will operate; and

WHEREAS, Section 401.25, Florida Statutes, authorizes the governing body of each county to adopt ordinances that provide reasonable standards for certificates of public convenience and necessity; and

WHEREAS, Chapter 20, Article III, Orange County Code (the "Code"), governs the application for a certificate of public convenience and necessity in Orange County, Florida ("COPCN" or "Certificate") and provides reasonable standards; and

WHEREAS, on March 25, 2026, Orange County's Fire Rescue Department ("OCFRD" or "Applicant") submitted its renewal application for a COPCN to Orange County's Office of the Medical Director/EMS Division ("EMS") to provide ALS services ("Application"); and

WHEREAS, pursuant to Section 20-99 of the Code, EMS reviewed the Application and has not received any substantial and material complaints against the Applicant, and the status of the Applicant has not substantially and materially changed. Accordingly, EMS recommends that the Orange County Board of County Commissioners ("Board" or "BCC") renew the Applicant's Certificate; and

WHEREAS, the Board has considered the Application, EMS's recommendation, and all applicable recommendations from municipalities within Orange County, Florida (the "County"). The Board has determined that the Applicant's proposed service, to the extent authorized by this Certificate, is or will be required by the present or future public convenience or necessity. The Board has determined that the Applicant is financially and otherwise able to provide adequate and uninterrupted service as required.

NOW THEREFORE, THE ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFIES:

Section 1. Recitals. The above recitals are hereby incorporated into this Certificate.

Section 2. Application, Levels of Service, and Certificate. The Board hereby grants OCFRD's Application to renew its COPCN and authorizes OCFRD to provide **Level 5 ALS transport services in Orange County, Florida** in accordance with the terms, conditions, and limitations of this Certificate. The Board hereby issues this Certificate to **Orange County's Fire Rescue Department.** The Board certifies that the Applicant's services are for the benefit of the population of the County or the benefit of the population of some geographic area of the County.

Section 3. Term. The "Term" of this Certificate is the period of time during which this Certificate is valid and effective. This Certificate's Term shall be for a two-year period beginning

on **August 1, 2026,** and expiring on **July 31, 2028**. Notwithstanding the foregoing, the Term may expire earlier if this Certificate is suspended or revoked pursuant to Orange County Code.

Section 4. Indemnification. The County maintains a program of self-insurance to cover claims or losses arising out of the County's operations.

Section 5. Compliance with Laws. By accepting this Certificate or providing ALS or BLS services in Orange County pursuant to this Certificate, OCFRD agrees to comply with all applicable state and local laws and regulations.

ADOPTED THIS 14 **DAY OF** July **, 2026.**

BOARD OF COUNTY COMMISSIONERS · ORANGE COUNTY, FLORIDA ·

ORANGE COUNTY, FLORIDA
By: Board of County Commissioners

By: _____
for Jerry L. Demings
Orange County Mayor

ATTEST: Phil Diamond, CPA, County Comptroller
As Clerk of the Board of County Commissioners

By: _____
Deputy Clerk

ORANGE COUNTY GOVERNMENT FLORIDA

RECEIVED
DATE: 3/25/2026
INITIALS:

ORANGE COUNTY, FLORIDA
EMS OFFICE OF THE MEDICAL DIRECTOR
RENEWAL APPLICATION
FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Level of Service

- ☐ BLS Non Transport
- ☐ BLS Transport
- ☐ BLS Interfacility Transport
- ☒ ALS Non Transport
- ☒ ALS Transport
- ☐ ALS Interfacility Transport
- ☐ Prehospital Air Ambulance
- ☐ Prehospital Interfacility Air Ambulance

EXPIRATION DATE 07/31/2026

SUBMISSION DATE 03/25/2026

1. **NAME OF SERVICE** Orange County Fire Rescue
2. **BUSINESS ADDRESS (STREET)** 6590 Amory Court **CITY** Winter Park
   COUNTY Orange **STATE** FL **ZIP CODE** 32792
3. **PHONE NUMBER** 407-836-9031 **FAX** _____ **24 Hour Number** 407-836-9000
   E-Mail address alexander.rallsnovo@ocfl.net
   Manager's Name Alexander Ralls-Novo **Title** Battalion Chief, Operations - EMS

NOTE: (IF THERE ARE ANY CHANGES TO BE MADE TO YOUR PREVIOUS APPLICATION, PLEASE LIST BY NUMBER IN THE SPACE PROVIDED BELOW. (Use separate sheet if necessary). COMPLETE PERSONNEL AND VEHICLE ROSTER ATTACHMENTS, IF THERE ARE ANY CHANGES). If None State "None".

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_____

_____

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT AND THERE ARE NO OTHER CHANGES TO BE MADE TO THE ORIGINAL APPLICATION.

SIGNATURE

3/24/26

DATE:

NOTARY SEAL

NOTARY SIGNATURE

ZOILA E. MARCIA
Commission # HH 384614
Expires April 9, 2027