



# RECEIVED

DATE: 1/22/2025  
INITIALS: SS

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

### Level of Service

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BLS Non Transport           | <input type="checkbox"/> ALS Non Transport           | <input type="checkbox"/> Prehospital Air Ambulance               |
| <input checked="" type="checkbox"/> BLS Transport    | <input checked="" type="checkbox"/> ALS Transport    | <input type="checkbox"/> Prehospital Interfacility Air Ambulance |
| <input type="checkbox"/> BLS Interfacility Transport | <input type="checkbox"/> ALS Interfacility Transport |  |

EXPIRATION DATE 05/23/2025

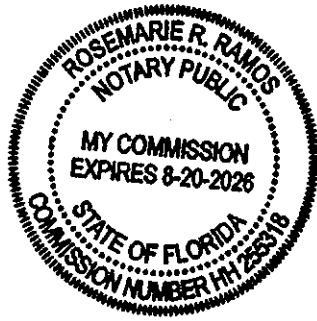
SUBMISSION DATE 01/21/2025

1. NAME OF SERVICE CITY OF OCOEE FIRE DEPARTMENT
2. BUSINESS ADDRESS (STREET) 563 SOUTH BLUFORD AVE CITY OCOEE  
COUNTY ORANGE STATE FL ZIP CODE 34761
3. PHONE NUMBER 4079053140 FAX 4079053129 24 Hour Number 4072301738  
E-Mail address TSmothers@ocoe.org  
Manager's Name Tom Smothers Title Fire Chief

**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".

1. Several new admin vehicles 2.Changed one Deputy Chief position to Accreditation Mgr.

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

DATE:

NOTARY SEAL

NOTARY SIGNATURE

1-21-25

Rosemarie Ramos

1-21-25