

March 4, 2021

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director

Health Services Department

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

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Certificate of Public Convenience and Necessity

Renewal for Greater Orlando Aviation Authority

Consent Agenda – March 23, 2021

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for the Greater Orlando Aviation Authority to provide Advanced Life Support Transport Service. The Greater Orlando Aviation Authority has submitted the attached application requesting the renewal of their Certificate of Public Convenience and Necessity. The current certificate has been in effect as an Advanced Life Support Transport Service since 2005.

The EMS Office of the Medical Director has determined that all requirements have been met by the Greater Orlando Aviation Authority as contained in Orange County Ordinance 2001-9.

ACTION REQUESTED: Approval and execution of the renewal Certificate of Public

Convenience and Necessity for the Greater Orlando Aviation Authority to provide Advanced Life Support Transport Service. The term of this certificate is from April 30, 2021 through April 30, 2023. There is no cost to the

County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



ORANGE COUNTY, FLORIDA **EMS OFFICE OF THE MEDICAL DIRECTOR** RENEWAL APPLICATION

FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

☐ BLS TRANSPORT ☐ ALS NON-TRANSPORT ☐ BLS TRANSPORT ☐ BLS NON-TRANSPORT ☐ ALS AIR TRANSPORT ☐ INTERFACILTY TRANSPORT
APPLICATION DATEFebruary 17, 2021
NAME OF SERVICE Greater Orlando Aviation Authority
2. BUSINESS ADDRESS (STREET) One Jeff Fuqua Blvd CITY Orlando
COUNTY Orange STATE FL ZIP CODE 32827
3. PHONE NUMBER 407 825-3038 FAX 407-825-3080 24 Hour Number 407-825-3042
Internet E-Mail address <u>Iferrell@goaa.org</u>
Manager's Name John Williamson II 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).
1. Personnel Roster Changes
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 2-17-2021 DATE:
MATTHEW R. DAILEY

Commission # GG 964347 Expires March 2, 2024 Bonded Thru Budget Netary Services

NOTARY SIGNATURE

