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

DATE: 4/20/25  
INITIALS: [Signature]

Level of Service

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

EXPIRATION DATE August 6, 2025

SUBMISSION DATE

1. NAME OF SERVICE Rocky Mountain Holdings, LLC d/b/a Air Care
2. BUSINESS ADDRESS (STREET) 4375 NE Avenue CITY Gainesville  
COUNTY Alachua STATE FL ZIP CODE 32609
3. PHONE NUMBER 352-410-4500 FAX 24 Hour Number 352-410-4500  
E-Mail address richard.clow@airmethods.com
- Manager's Name Richard Clow Title Operations Manager III

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.

Richard Clow

Digitally signed by Richard Clow  
Date: 2025.04.08 17:02:28 -04'00'

SIGNATURE

04/08/2025

DATE:



NOTARY SEAL

NOTARY SIGNATURE

4/23/25

✓ personally  
known