



RECEIVED

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

DATE: 9/5/24  
DIRECTOR: [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 09/30/2024

SUBMISSION DATE 08/30/2024

1. NAME OF SERVICE Affordable Transport, Inc.
2. BUSINESS ADDRESS (STREET) 3706 DMG Drive CITY Lakeland  
COUNTY Polk STATE FL ZIP CODE 33811
3. PHONE NUMBER 863-430-0776 FAX 863-519-0053 24 Hour Number 863-698-9764,1  
E-Mail address rjensen@ATlambulance.net  
Manager's Name Richard Jensen Title President

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".

See Attached Document.

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 Jensen Jr.  
SIGNATURE

8/30/24  
DATE:

NOTARY SEAL  
[Signature]  
NOTARY SIGNATURE

State of: GA County of: DeKalb  
On this 30 Day of August, 2024, before me, the undersigned Notary Public, personally appeared Richard F. Jensen Jr. proved through satisfactory evidence of identification, which were FL DL, to be the person whose name is signed on the preceding or attached document and acknowledged Crystal Vasquez - Cmy  
Name [Signature] Notary Public  
My commission expires: 02/09/2026

