



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

RECEIVED

DATE: 10/15/24  
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 02/28/2025

SUBMISSION DATE 10/17/2024

1. NAME OF SERVICE Orlando Fire Department
2. BUSINESS ADDRESS (STREET) 911 S. Westmoreland Dr CITY orlando  
COUNTY Orange STATE FL ZIP CODE 32805
3. PHONE NUMBER 407-246-3833 FAX 407-316-3627 24 Hour Number 407-383-7884  
E-Mail address Adrian.Fernandez@cityoforlando.net  
Manager's Name Adrian Fernandez Title Assistant 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".

None

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.



*Jessica Hart*  
SIGNATURE

10 - 14 - 2024  
DATE:

NOTARY SEAL

\_\_\_\_\_  
NOTARY SIGNATURE