



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

RECEIVED

Level of Service

DATE: 6/5/2024
INITIALS: [Signature]

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

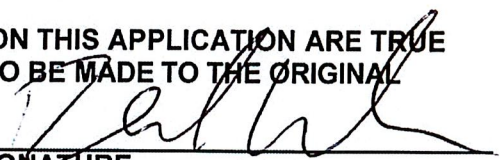
EXPIRATION DATE 07/31/2024

SUBMISSION DATE 06/03/2024

1. NAME OF SERVICE Winter Park Fire Rescue
2. BUSINESS ADDRESS (STREET) 343 West Canton Ave. CITY Winter Park
COUNTY Orange STATE FL ZIP CODE 32789
3. PHONE NUMBER 407-599-3586 FAX 407-599-3231 24 Hour Number 407-644-1212
E-Mail address Rwales@cityofwinterpark.org
Manager's Name Rich Wales Title Division Chief of Administration

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".

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

6/1/24
DATE:

NOTARY SEAL

NOTARY SIGNATURE

