



# RECEIVED

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

DATE: 6/11/24  
INITIALS: [Signature]

### Level of Service

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BLS Non Transport           | <input checked="" type="checkbox"/> ALS Non Transport | <input type="checkbox"/> Prehospital Air Ambulance               |
| <input type="checkbox"/> BLS Transport               | <input checked="" type="checkbox"/> ALS Transport     | <input type="checkbox"/> Prehospital Interfacility Air Ambulance |
| <input type="checkbox"/> BLS Interfacility Transport | <input type="checkbox"/> ALS Interfacility Transport  |  |

EXPIRATION DATE 07/31/2024

SUBMISSION DATE 06/11/2024

1. NAME OF SERVICE Orange County Fire Rescue, EMS Bureau
2. BUSINESS ADDRESS (STREET) 6590 Amory Ct CITY Winter Park  
COUNTY Orange STATE FL ZIP CODE 32792
3. PHONE NUMBER 407-836-9031 FAX 407-836-9138 24 Hour Number 407-836-9000  
E-Mail address Bertilus.Bornelus@ocfl.net  
Manager's Name Bertilus Bornelus Title Battalion Chief, Operations/EMS Bureau

**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".


3

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

6/10/29  
DATE:

NOTARY SEAL

  
NOTARY SIGNATURE

