



RECEIVED

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

DATE: 10/23/24
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 01/31/2025

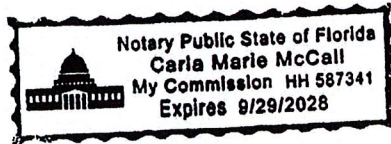
SUBMISSION DATE 10/17/2024

1. NAME OF SERVICE District Fire Department
2. BUSINESS ADDRESS (STREET) 651 E Buena Vista Drive CITY Lake Buena V
COUNTY Orange STATE FL ZIP CODE 32830
3. PHONE NUMBER 407-828-8032 FAX 407-828-8204 24 Hour Number 407-560-1977
E-Mail address spaynter@oversightdistrict.org
Manager's Name Stan Paynter Title Chief of EMS

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.






SIGNATURE

10/17/24

DATE:

NOTARY SEAL



NOTARY SIGNATURE