



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: October 4, 2016

September 15, 2016

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to be "CH", located to the right of the "FROM" field.

SUBJECT: Certificate of Public Convenience and Necessity
Renewal for Winter Garden Fire Rescue Department
Consent Agenda – October 4, 2016

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for Winter Garden Fire Rescue Department to provide Advanced Life Support Transport Service. Winter Garden Fire Rescue Department has submitted the attached application requesting the renewal of their Certificate of Public Convenience and Necessity. The current Certificate has been in effect as an Advanced Life Support Transport Service since 2006.

The EMS Office of the Medical Director has determined that all requirements have been met by Winter Garden Fire Rescue Department as contained in Orange County Ordinance 2001-9.

ACTION REQUESTED: Approval and execution of the renewal Certificate of Public Convenience and Necessity for Winter Garden Fire Rescue Department to provide Advanced Life Support Transport Service. The term of this certificate is from October 31, 2016 through October 31, 2018. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



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

☒ ALS TRANSPORT
☐ BLS TRANSPORT
☐ ALS AIR TRANSPORT

☐ ALS NON-TRANSPORT
☐ BLS NON-TRANSPORT
☐ INTERFACILITY TRANSPORT

APPLICATION DATE September 1, 2016

1. NAME OF SERVICE Winter Garden Fire Rescue Department

2. BUSINESS ADDRESS (STREET) 1 East Cypress Street CITY Winter Garden

COUNTY Orange STATE FL ZIP CODE 34787

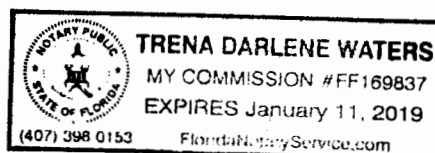
3. PHONE NUMBER 407-877-5175 FAX 407-656-4017 24 Hour Number 407-656-3679

Internet E-Mail address mmcgrew@cwgdn.com

Manager's Name Matt McGrew Title Fire 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).

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]
SIGNATURE

09/01/2016
DATE:

NOTARY SEAL

[Signature]
NOTARY SIGNATURE

**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
EMS OFFICE OF THE MEDICAL DIRECTOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, the WINTER GARDEN FIRE RESCUE DEPARTMENT has requested authorization to provide
Advanced Life Support services to the citizens of Orange County and
(Advanced Life or Basic Life Support)

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Orange County; and,

WHEREAS, the above named service affirms that it will maintain compliance with requirements of the State and
County Laws, Ordinances and Rules and Regulations.

THEREFORE, the Board of County Commissioners of Orange County hereby issues a Certificate of Public
Convenience and Necessity to this ALS Transport service.
(BLS, ALS-transport; or ALS non-transport)

Date Issued: October 31, 2016 Date of Expiration: October 31, 2018

Limitations: None



Mr. J. Lakshmanan
(Mayor, Board of County Commissioners)
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