December 13, 2018

TO:

Mayor Jerry L. Demings

-AND-

**Board of County Commissioners** 

THRU:

John Goodrich, Acting Director J. book (1)

Health Services Department

FROM:

Christian C. Zuver, M.D., Medical Directed

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Certificate of Public Convenience and Necessity

Renewal for Maitland Fire Rescue Department

Consent Agenda – January 8, 2019

The EMS Office of the Medical Director requests the approval and execution of the renewal Certificate of Public Convenience and Necessity for Maitland Fire Rescue Department to provide Advanced Life Support Transport Service. Maitland 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 1997.

The EMS Office of the Medical Director has determined that all requirements have been met by Maitland 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 Maitland Fire Rescue Department to provide Advanced Life Support Transport Service. The term of this certificate is from February 1, 2019 through February 1, 2021. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

**Attachments** 



## 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 INTERFACILTY TRANSPORT	
APPLI	CATION DATE 12/5/2018		
1. NA	ME OF SERVICE MAITLAND FIRE RESC	CUE DEPARTMENT	
2. BU	SINESS ADDRESS (STREET) 1776 Indepen	ADDRESS (STREET) 1776 Independence Lane CITY Maitland	
CC	OUNTY Orange STATE FL	<b>ZIP CODE</b> 32751	
3. PH	ONE NUMBER 407/539-6229 FAX 407/5	599-0858 <b>24 Hour Number</b> 407/448-1592	
int	ernet E-Mail address <u>MFD@itsmymaitlan</u>	d.com	
Ма	nager's Name <u>Kimberly Neisler</u>	Title Fire Chief	
NOTE:	LIST BY NUMBER IN THE SPACE PROVID	DE TO YOUR PREVIOUS APPLICATION, PLEASE DED BELOW. (Use separate sheet if necessary). ROSTER ATTACHMENTS, IF THERE ARE ANY	
AND (	E BEST OF MY KNOWLEDGE, ALL STATE CORRECT AND THERE ARE NO OTHER CATION.	MENTS ON THIS APPLICATION ARE TRUE CHANGES TO BE MADE TO THE ORIGINAL MINUS A. MUSE SIGNATURE	
	NORMA JEAN TORRES  Notary Public – State of Florida Commission # GG 154055  My Comm. Expires Nov 26, 2021  Bonded through National Notary Assn.	NOTARY SEAL NOTARY SIGNATURE	

