

March 15, 2019

- TO: Mayor Jerry L. Demings -AND-Board of County Commissioners
- THRU: John Goodrich, Deputy Director \Im , $b = \delta^{-2hch}$ Health Services Department
- FROM: Christian C. Zuver, M.D., Medical Director EMS Office of the Medical Director Contact: (407) 836-7611
- SUBJECT: Certificate of Public Convenience and Necessity Renewal for City of Apopka Fire Department **Consent Agenda – March 26, 2019**

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for the City of Apopka Fire Department to provide Advanced Life Support Transport Service. The City of Apopka Fire 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 1982.

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

ACTION REQUESTED: Approval and execution of the renewal Certificate of Public Convenience and Necessity for the City of Apopka Fire Department to provide Advanced Life Support Transport Service. The term of this certificate is from April 1, 2019 through April 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

Į	ALS TRANSPORT
ŀ	BLS TRANSPORT
ι.	ALS AIR TRANSPORT

ALS NON-TRANSPORT BLS NON-TRANSPORT

APPLICATION DATE FEBRUARY 15, 2019

- 1. NAME OF SERVICE CITY OF APOPKA FIRE DEPARTMENT
- 2. BUSINESS ADDRESS (STREET) <u>175 EAST 5TH STREET</u> CITY APOPKA

COUNTY_ORANGE_ STATE ____ ZIP CODE ___32703_____

3. PHONE NUMBER 407-703-1756 FAX 407-703-1708 24 Hour Number 407-703-1757

Internet E-Mail address <u>WRIVERA-SANCHEZ@APOPKA.NET</u>

Manager's Name WILFREDO RIVERA SANCHEZ Title EMS COORDINATOR

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 DATE:

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