



Broward County
Environmental Protection and Growth Management Department
Environmental and Consumer Protection Division

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
OR
NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE

- New Renewal
- Class 1 - ALS Rescue Class 2 - ALS Transfer
- Class 3 - BLS Transport Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Coastal Care Corporation d/b/a Cleveland Clinic Advanced Medical Transport

Name of Service Governmental Entity			
P.O. Box 9010	Stuart	FL	34995
Mailing Address	City	State	Zip Code
772-419-2260			
Telephone			

2. Christopher Soska SoskaC@ccf.org

Owner's Name		Email Address	
P.O. Box 9010	Stuart	FL	34995
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Carmelo Maldonado 772-419-2260 MaldonC2@ccf.org

General Manager/Contact Person	Telephone	Email Address
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4. Date incorporated/formation of business association: February 8, 1983 (Attachment # A)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): Broward County and population(approx. 1,932,212)

6. Attach FCC license/communications contract: (Attachment # B)

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 2150 SE Salerno Road, Suite 108 Stuart, FL 34997

Substation: 10000 Innovation Way Port St Lucie, FL 34987

Substation: 1095 St Lucie West Blvd Port St Lucie, FL 34986

Substation: 1000 36th St. Vero Beach, FL 32960

8. Financial Information: (Attachment # C)

Non-governmental - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

Governmental - copy of budget sheet.

9. Insurance: (Attachment # D)

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

Governmental - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

NEW - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

NEMTS PROVIDE copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

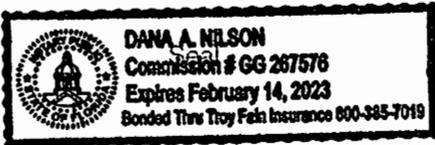
All statements on this application and attachments are true and correct.

[Signature]
Signature of Owner/Manager

Chief Operating Officer
Title

STATE OF FLORIDA
COUNTY OF Martin

Sworn to (or affirmed) and subscribed before me this 22 day of July, 20 21, by
Christopher Soska (name of person making statement).



[Signature]
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: OR Produced Identified: _____

Type of Identification Produced: _____

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference (business or personal) **emailed to:**
Email: rsluman@broward.org
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

License and Permit Fees (Non-Refundable)

Annual Fees as of October 1, 2020

- COPCN/License Fee.....\$637.00
- COPCN/License Renewal Fee.....\$317.00
- Vehicle Permit Fee.....\$64.00

Important Notes:

1. Application packets and fees will be accepted by mail sent to Broward County Environmental and Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324, or by placing in Drop Box #2 located outside the west entrance of Government Center West located at 1 North University Drive, Plantation, FL. Payment can be made by credit card using the Credit Card Authorization Form.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or NEW applicant provide a letter of identifying proposed business office location in Broward County.



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-
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7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):
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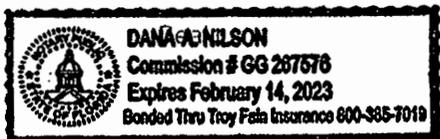
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Chief Operating Officer
Title

STATE OF FLORIDA
COUNTY OF Martin

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[Signature]
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