

**NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES
CERTIFICATE OF CONVENIENCE AND NECESSITY
APPLICATION INSTRUCTION SHEET**

Instructions:

- All questions must be answered completely.
- Submit as attachment #1; copy of the Articles of Incorporation or fictitious name registration, where applicable.
- Submit as attachment #2; two (2) letters of credit reference, including at least one bank where an active account is maintained. In lieu of the second credit reference, the applicant may submit alternative written evidence of financial trustworthiness.

The bank credit reference must be on bank letter head; be addressed to Director, Department of Transportation and Public Works, Passenger Transportation Regulatory Division ; 601 NW 1st Court, 18th Floor, Miami, FL 33136, the letter shall stipulate how long the applicant has had the account, the type of account; the applicant's credit worthiness. The letter shall be signed by an authorized bank representative.

The second credit reference shall be from either a company with which the applicant has maintained a business relationship for more than one year and is not affiliated with the applicant or a Credit Bureau Report. The business reference shall be on company letter addressed to Director, Department of Transportation and Public Works, Passenger Transportation Regulatory Division; 601 NW 1st Court, 18th Floor, Miami, FL 33136. The reference shall stipulate how long the applicant has had an account, the type of account and the applicant's credit worthiness. The letter shall be signed by the business owner.

- Submit as attachment #3; a detailed statement (balance sheet) of the financial condition of the applicant showing assets at the original cost and all liabilities including assured debts and revenue from all sources. The most recent certified financial statement is preferred. If unavailable, submit a financial statement dated and signed by the preparer. *In lieu of the balance sheet the Department may accept a copy of the last taxes filed for either the applicant, corporation or majority shareholder.*
- Submit as attachment #4; provide proof of adequate insurance coverage of not less than \$100,000 per person, and \$300,000 per incident, for claims arising out of injury or death of persons and damage to property of others resulting from any cause for which the owner of such business or service would be liable, and \$50,000 per occurrence for property damage.
- Submit as attachment #5; provide color photo or electronic image of proposed vehicle color scheme. Color scheme must include business name and business phone number.
- Submit as attachment #6; proposed rates on a company letterhead.
- The fee is **\$300.00**, per Non-Emergency certificate and **\$24.00**, criminal background check for each individual listed on the application. Make your check or money order payable to Miami-Dade County.



NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES
CERTIFICATE OF CONVENIENCE AND NECESSITY APPLICATION

1. Select type of Non-Emergency Certificates and quantity.

Wheelchair Stretcher Combo Specialty Sedan

2. Applicant Information

(a) To be completed if applicant is an individual:

Full Name Date of Birth
Residence Address
City State Zip Home Phone
Business Name Business Address
City State Zip Business Phone
E-Mail Fax No.

(b) To be completed if applicant is a partnership:

Name of Partnership
Partnership Address
City State Zip Phone
Date and location partnership formed
Business Name Business Address
City State Zip Business Phone
E-Mail Fax No.

Full Name of Partner Date of Birth
Percentage of Interest
Residence Address
City State Zip Home Phone

Full Name of Partner Date of Birth
Percentage of Interest
Residence Address
City State Zip Home Phone
Business Name Business Address
City State Zip Business Phone

LIST ALL OTHER PARTNERS ON SEPARATE SHEET

(c) To be completed if applicant is a corporation:

Name of Corporation
Corporation Address
City State Zip Phone
Date and location corporation formed
Business Name Business Address
City State Zip Business Phone
E-Mail Fax No.

Name of Corporate Resident Agent _____
Address _____
City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder _____
Title(s) _____ Percentage (%) of Shareholder Interest _____
Date of Birth _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder _____
Title(s) _____ Percentage (%) of Shareholder Interest _____
Date of Birth _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder _____
Title(s) _____ Percentage (%) of Shareholder Interest _____
Date of Birth _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

LIST ALL OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON SEPARATE SHEET

3. CRIMINAL RECORD

Note: In the case of a corporate or partnership applicant, the following information shall be obtained from ALL corporate officers and directors or partners, as the case may be. In the case of corporations, the required information shall be obtained from stockholders who own, hold or control five (5) percent or more of the corporation's issued and outstanding stock.

(A) Have you pled nolo contendere, pled guilty, been found guilty or been convicted whether or not adjudication has been withheld of any criminal charge(s) within 5 years of the date of this application?

NO [] YES [] If yes, complete the following for each charge:

NAME	CHARGE	DATE	COURT & LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. TRANSPORTATION EXPERIENCE

Are you now or have you within the last five (5) years been engaged in transportation business activities?

NO [] YES [] If yes, complete the following:

STATEMENT OF SERVICES PROVIDED:

5. MANAGEMENT PLAN

Provide information on how the following business functions will be conducted and managed. (You can submit a separate detailed plan describing services that will be provided to the passengers.)

(a) Name and experience of proposed General Manager: _____

(b) Employee and Driver Training Program: _____

(c) Complaint Handling System: _____

(d) System for maintenance of business records: _____

(e) System for handling accident(s) and/or injury: _____

(f) Telephone communication, including system for providing 24 hour access to the public: _____

(g) Radio communication system: _____

(h) Vehicle maintenance system: _____

(i) System for screening and recording service request: _____

6. TRANSPORTATION SERVICE:

Proposed service(s) to be provided, including type of passenger(s) to be served:

7. VEHICLE DESIGN:

Describe how the vehicle(s) to be operated has been specially designed/modified and equipped to provide non-emergency medical transportation service(s).

8. PUBLIC BENEFITS:

List and Discuss benefits that will accrue to the public good and interest from the proposed service.

9. PROPOSED SERVICE STANDARDS:

(a) Geographic area(s) to be serviced: _____

(b) Days and hours of operation: _____

(c) Level of service standards: _____

10. Do you owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or Monitoring costs; or
- (iv) unpaid liens?

NO [] YES [] If yes, provide a written explanation for each occurrence.

APPLICANT CERTIFICATION:

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

(TO BE COMPLETED IF APPLICANT IS AN INDIVIDUAL)

Before me, the undersigned authority, this day personally appeared _____ who, being by me the first duly sworn, disposes and says that he/she is the applicant in the foregoing application, statements made herein and attached hereto are true and correct, grants authority to DTPW to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation, alteration, omission, or incompleteness of material in fact, and agrees to comply with all provisions and requirements of Miami-Dade County, Chapter 4, Article III, and the laws of the State of Florida should this application be approved.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Notary Public

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known ____ OR Produced Identification ____ My Commission Expires:

Type of Identification Produced _____

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STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

(TO BE COMPLETED IF APPLICANT IS A CORPORATION)

Before me, the undersigned authority, this day personally appeared _____, who is (Title) _____, who being by me first duly sworn disposes and says that he/she is the applicant in the foregoing application, statements made herein and attached hereto are true and correct, grants authority to DTPW to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation, alteration, omission, or incompleteness of material in fact, and agrees to comply with all provisions and requirements of Miami-Dade County, Chapter 4, Article III, and the laws of the State of Florida should this application be approved.

Signature of Applicant

Seal Corporate Seal

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Notary Public

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known ____ OR Produced Identification ____ My Commission Expires:

Type of Identification Produced _____