



APPLICATION FOR ASSIGNMENT, SALE, TRANSFER OR CHANGE OF OWNERSHIP STRUCTURE OF EXISTING PRIVATE CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

DATE _____

Do not submit application unless all questions have been answered, all required documents are attached, and a non-refundable fee of \$1,500 is enclosed. Check should be made payable to Board of County Commissioners.

1. Applicant (the applicant refers to the entity that proposes to purchase the business, obtain shares of stock or interest, alter control, etc. of the existing Certificate Holder):

a.) Fill out if Applicant is an Individual:

Full Legal Name _____ Date of Birth _____

Business Telephone _____ Home Telephone _____

Residence Address _____

Business Address _____

City _____ State _____ Zip Code _____

b.) Fill out if Applicant is a Partnership or Non-Corporation/Association:

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

| Full Legal Name of Each Partner | Date of Birth | Residence Address | Percent Interest |
|------------------------------------|------------------|----------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

c.) Fill out if Applicant is a Corporation:

Corporation Name _____

Corporate Address _____ Telephone _____

City _____ State _____ Zip Code _____

Date Corporation Formed _____

List Officers, Resident Agents, Directors, Partners and Stockholders who own, hold or control five (5%) percent or more the corporation's issued and outstanding stock and the respective ownership share of each person:

| Full Legal Name | Title | Date of Birth | Residence Address | Share |
|-----------------|-------|---------------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

2. Existing Certificate Holder's Name: _____

Total number of Active and Reserve vehicles currently authorized by Certificate number M - _____:

ACTIVE: Ground ALS _____ Ground BLS _____ Air ALS _____ Air BLS _____

RESERVE: Ground ALS _____ Ground BLS _____ Air ALS _____ Air BLS _____

3. Applicant's total number of proposed Active and Reserve vehicles to be fully equipped and operational each day (minimum of five Active units):

ACTIVE: Ground ALS _____ Ground BLS _____ Air ALS _____ Air BLS _____

RESERVE: Ground ALS _____ Ground BLS _____ Air ALS _____ Air BLS _____

4. Applicant's Proposed Ambulance Descriptions:

List the following information for each proposed active and reserve vehicle or aircraft on a separate sheet, mark as Exhibit "A" and attach same to this application:

Vehicle Make/Model _____ Type _____ Year _____

Condition _____ Passenger Capacity _____ Mileage _____

5. Proposed trade name under which the applicant intends to operate:

(Name on business stationery, markings on vehicles, advertising, etc.)

Description of proposed vehicle or aircraft colors, design and markings: _____

6. Applicant's Benchmark Response Times:

Provide a statement of the applicant's self-imposed agreement to abide by a schedule of benchmark response times for all three (3) types of scheduled and unscheduled transports during the three (3) year certificate term or any remaining portion of an existing certificate term of operation (mark as Exhibit "B" and attach same to this application):

7. Applicant's Management Plan:

Provide information on how each of the following business functions will be conducted and managed (Mark as Exhibit "C" and attach same to this application):

- (a) Name and experience of proposed General Manager
- (b) Employee and Driver Training Programs
- (c) Complaint Handling System
- (d) System for Handling Accidents and/or Injuries
- (e) System of Maintenance of Business Records
- (f) Telephone Communication, including System for Providing 24-hour public access
- (g) Dispatch and Radio Communication system
- (h) Vehicle Maintenance System
- (i) System for Screening and Recording Service Requests
- (j) Quality Assurance Programs

8. Applicant's Present and Prior Ambulance Service Activities:

(a) Are you now or have you, within the preceding five (5) years, been engaged in the ambulance service business? No ___ Yes ___ If "yes", complete the following:

| Dates | Service Provided | Location Served | Agency Licensed by |
|-------|------------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(b) Has your operating authority for any of the services in Question 8(a) above ever been revoked or suspended? No ___ Yes ___ If "yes", give full details:

(c) Have any of the businesses in Question 8(a) above ever been in bankruptcy? No ___ Yes ___ If "yes", give full details:

9. Applicant's Law Enforcement Records:

Has the certificate applicant or officers, partners, directors, or stockholders (who own, hold or control five (5%) percent or more of the corporation's issued and outstanding stock) pled nolo contendere, pled guilty, or have been found guilty, of any felony or any criminal offense (excluding traffic), whether or not adjudication has been withheld, within five (5) years preceding the date of this application? No ___ Yes ___

If "yes", give full details (including copies of case dispositions obtained from the courts) on a separate sheet, mark as Exhibit "D" and attach same to this application.

10. Provide evidence concerning the applicant's adherence to rules and regulations (submit as Exhibit "E" and attach same to this application):

(a) Identification of all licenses and franchises (not limited to ambulance service) held preceding ten years;

(b) Disclosure of whether the applicant or the principals of the applicant have ever been investigated by any government agency and disclosure of the nature of the investigation and status; and

(c) Disclosure of whether the applicant or the principals of the applicant have ever had a license or franchise suspended or revoked.

11. Applicant's Credit References:

Submit as Exhibit "F" two (2) letters of credit reference, including, at least, one bank where an active account is maintained, covering but not limited to length of association, credit experience and current credit status. In addition, have a report of the applicant's credit worthiness mailed to the County directly from Dunn & Bradstreet or similar credit bureau. All items are to be addressed to the Miami-Dade Consumer Services Department, Office of Ambulance Regulation Coordination and dated within 30 days prior to the date of this application.

12. Applicant's Financial Statements:

Submit as Exhibit "G" and attach same to this application a current audited financial statement, or signed federal tax returns for the previous three (3) years (or for newly formed corporations, a personal audited financial statement or signed personal federal tax returns for the previous three (3) years, from the principal(s), as defined by the County Manager), pro forma statements for the first three years of operation, and such other financial information which is available and satisfactory to the County Manager showing the financial condition of the applicant, all assets at original cost, all pending liabilities including secured debts and revenues from all sources, and prior history and ability to obtain financing and meet debt service requirements. New companies must include evidence of sufficient liquid assets to sustain the operation of the units applied for during an eighteen (18) month startup period, as required by County Code.

13. Location of Applicant's Proposed Central Place of Business in Miami-Dade County:

Business Address _____ Telephone _____

Size of Facility in Square Feet _____

Activities that will be performed at this location: _____

Substation Location(s): _____

14. Public Benefits:

Applicant must list and discuss the benefits that will accrue to the public good and interest from the changed service:

15. Insurance Coverage:

The Certificate applicant hereby agrees to file, in the event that the application should be granted and prior to the issuance of any certificate under this chapter, Certificate(s) of Insurance, or at the request of the County, full certified copies of required insurance policies which indicate that insurance coverage has been obtained which meets the requirements set forth in Section 4-6 of the County Code.

CERTIFICATION

State of Florida

County of Miami-Dade

(Verification by Individual)

Before me, the undersigned authority, this day personally appeared _____ who, being by me the first duly sworn, deposes 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 the Miami-Dade Consumer Services Department 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 fact, and agrees to comply with all provisions and requirements of Chapter 4 of the Miami-Dade County Code and the laws of the State of Florida including Chapter 401, Florida Statutes and the Florida Administrative Code, Chapter 64E-2, should this application be approved.

Signature

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

Notary Public

SEAL

CERTIFICATION

State of Florida

County of Miami-Dade

(Verification by Partnership or Non-Corporation/Association)

Before me, the undersigned authority, this day personally appeared

_____ who is _____
Name Title: (General Partner)

of _____
Name of Entity

who, being by me the first duly sworn, deposes and says that the statements contained in and attached to the foregoing application, are true and correct, grants authority to the Miami-Dade Consumer Services Department 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 fact, and agrees to comply with all provisions and requirements of Chapter 4 of the Miami-Dade County Code and the laws of the State of Florida including Chapter 401, Florida Statutes and the Florida Administrative Code, Chapter 64E-2, should this application be approved.

Signature

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

Notary Public

SEAL

CERTIFICATION

State of Florida

County of Miami-Dade

(Verification by Corporation)

Before me, the undersigned authority, this day personally appeared

_____ who is _____
Name Title: (President or Vice President)

of _____
Name of Entity

who, being by me the first duly sworn, deposes and says that the statements contained in and attached to the foregoing application, are true and correct, grants authority to the Miami-Dade Consumer Services Department 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 fact, and agrees to comply with all provisions and requirements of Chapter 4 of the Miami-Dade County Code and the laws of the State of Florida including Chapter 401, Florida Statutes and the Florida Administrative Code, Chapter 64E-2, should this application be approved.

Signature

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

Corporate Secretary

CORPORATION SEAL

